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ABSTRACT

This interim evaluation reports on the progress of an extensive drug education program in a St. Louis, Missouri school district. Designed to meet seven overall objectives, the project calls for comparisons between experimental and control groups at the elementary and secondary level. Far-reaching activities including staff orientation and training, curriculum development and implementation, staff and curriculum support, and parental involvement are discussed and evaluated in terms of their benefit to the overall objectives. A summary of all dissemination activities is included, as are copies of all materials circulated by the project. Appendixes to the report include statistical analyses from both the student evaluation instruments and those utilized with the teacher training program. (Author/PC)

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DRUG INFORMATION

and

ATTITUDE DEVELOPMENT

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INTERIM EVALUATION REPORT

Project # 25-71-04-2

August 1, 1972 to July 31, 1973

CG 009 311

The Ferguson-Florissant School District
St. Louis County, Missouri

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655 January Avenue
Ferguson, Mo. 63135

September 28, 1973

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I. EVALUATION OF PROJECT ACTIVITIES

Introduction

Six instruments were utilized in collecting the data which is analyzed in this section of the Interim Evaluation Report. The six instruments were used with three groups of individuals: elementary students, secondary students, and district staff members. Copies of each of these instruments including summaries of student responses to each of the items on the instruments are included in the appendix to this report. Following is a listing of each of these instruments:

Elementary

"Values Inventory of Behavioral Responses"--by Nancy D. Seiders, Ph. D. and Edward W. Sanford, Jr., Ph. D.
"The Risk-Taking Attitude-Values Inventory: Elementary Level"--by Richard E. Carney, Ph. D.
"Drug Attitudinal Inventory for Elementary Grades"--by Colin E. Box, Ph. D., and Irvin W. Cockriel, Ph. D.

Secondary

"Drug Attitudinal Inventory"--Colin E. Box, Ph. D. and Irvin Cockriel, Ph. D.
"Drug Usage Inventory"--Colin E. Box, Ph. D. and Irvin W. Cockriel, Ph. D.

Staff Members

"Drug Attitudinal Inventory"--Colin E. Box, Ph. D. and Irvin W. Cockriel, Ph. D.
"Workshop Evaluation Form"--R2 School District

A detailed description of the Project's evaluation design utilized during the second year is found on page 43 to 51 of the Project Year 02 Proposal. For purposes of making comparisons between the experimental and control groups students in the experimental group at the elementary level were divided into three sub-groups. One group of students received instruction from teachers who participated in the drug abuse workshop, took the three-hour graduate level course, and helped write the drug abuse curriculum (referred to as Group I). The second group of elementary students received instruction from teachers who participated in the workshop program only (referred to as Group II). The third group of students received instruction from teachers who had not previously participated in the Project's Teacher Training Program or Curriculum Development Workshops (referred to as Group III). The control group at the elementary level is referred to as Group IV. At the secondary level the experimental group is divided into two sub-groupings. The first included students who received instruction from teachers who participated in the drug abuse workshop, took the three-hour graduate level course, and helped write the curriculum (referred to as Group I). The second group of secondary students received instruction from teachers who participated in the workshop program only (referred to as Group II). At the secondary level the control group is referred to as Group III.

This section of the Interim Evaluation Report lists those objectives stated in the Project Year 02 Proposal. Following each objective is a brief outline of those project activities accomplished to help meet these objectives. The data collected to evaluate the activities and the extent to which objectives were reached is then analyzed. Summaries of this data are contained in the Appendix to this report.

Objective One

At the end of the second semester of the 1972-73 school year, the incidence of drug abuse among junior and senior high school students in the experimental classes (8,698 students) will be 50 percent less than the incidence of drug abuse in the control classes.

Relevant Activities

All of the ~~activities implemented~~ by the Drug Abuse Education Project were designed to meet Project Objective One. These activities are outlined below. A detailed description of each of these activities is contained in the Activity Section of the Proposal for Project Year 02.

1. Staff Orientation and Training Activities
   a. Information and Communications Training Workshops--a four session workshop intended to give participants an understanding of: 1) the basic physiological and psychological effects of the major types of abused drugs, 2) a heightened understanding of the sociology of drug abuse.
   b. Counselor Practicum--an eight session training program operated for selected elementary and secondary counselors. This practicum covered such areas as values education techniques, decision-making skill development, information about the major types of abused drugs, visits to most commonly used drug treatment facilities, and methods of counseling young people involved in drug use and abuse and their parents.
   c. Social Seminar Facilitators Workshop--a week-long training program intended to enable seventeen staff and community members to be facilitators of the National Mental Health Materials Center's Social Seminar Training Program.

2. Curriculum Development and Implementation Activities
   a. Curriculum Development Workshops--a two week effort conducted during the fourth quarter of Project Year 02,

utilizing 40 district staff members in the revision of the Project's initial drug abuse curriculum.

   b. Curriculum Orientation Programs--area and individual building meetings intended to: 1) develop heightened motivation among staff members for utilization of the drug abuse curriculum, 2) increase district staff members' understanding of the purpose of this curriculum, 3) lay groundwork for the collection of objective data and subjective impressions to be used in the further refinement of the curriculum.
   c. Survey Instrument Revision Workshop--a workshop utilizing 14 selected staff members in the revision of the Project's primary data collection instruments.

3. Staff and Curriculum Support Activities
   a. The continued development of a drug abuse curriculum library and associated resource materials.
   b. Dissemination activities--a variety of programs intended to publicize this Project's curriculum and increase the frequency of its use in schools in the Metropolitan St. Louis area.
   c. Drug and Substance Abuse Council of Metropolitan St. Louis--an on-going activity involving the participation of Project staff members in this Council. The two Council activities engaged in by Project staff members during the Project's second year which most directly relate to the goals of this project are: 1) the development of a "Statement on Education" by the Drug and Substance Council. The development of this statement was directed by a staff members of this Project and reflects this Project's point of view regarding drug abuse education, 2) sharing in the development of the Drug and Substance Abuse Council's "Comprehensive Community Plan for Drug Abuse Programming and Strategy." The Task Force which developed this plan for the five county Metropolitan St. Louis area was chaired by one of this Project's staff members. Its section on education was heavily influenced by this Project's point of view.

4. Parental Involvement Activities
   a. Involvement of parents in this project's various in-service training programs.
   b. Mini-workshops conducted by Project staff members for various parent organizations and community groups.
   c. Social Seminar Workshops conducted for community members.

Analysis of Data:

The primary instrument utilized to measure the incidence of drug abuse among junior and senior high school students was a usage inventory developed by Dr. Colin Box and Dr. Irvin Cockriel of the University of Missouri at Columbia. This instrument was administered to groups of randomly selected junior and senior high school students in both the experimental and control groups. Data collection was accomplished in May, 1973.

Usage data was collected concerning student use of all the major types of abused drugs: barbiturates, tranquilizers, amphetamines, narcotics, hallucinogens, delireants, alcohol, and tobacco. The instrument allowed for five types of responses ranging from regular use to no use. Our primary concern in data analysis was with students who defined themselves as regular or frequent users of various types of drugs, regular or frequent use being the generally accepted definition of drug abuse (as opposed to drug use). Following is a table which summarizes the results of this usage inventory. The table indicates the percent of drug abuse (defined as regular or frequent use) in both the experimental and control groups. It also indicates the percent of frequent or regular use in the experimental group as compared to the control group.

	Experimental	Control	Experimental % of Control
Barbiturates:			
Nembutal	7.6%	9.1%	83%
Seconal	5.8%	9.6%	60%
Amytal	8.1%	8.2%	99%
Tuinal	7.0%	9.1%	77%
Phenobarbital	5.2%	8.3%	63%
		AVERAGE	76.4%
Tranquilizers:			
Equanil	5.2%	7.2%	72%
Librium	7.5%	8.2%	91%
Miltown	4.6%	5.4%	85%
Valium	5.2%	6.3%	83%
		AVERAGE	82.7%

	Experimental	Control	Experimental % of Control
Amphetamines:			
Dexedrine	5.2%	8.6%	60%
Benzedrine	5.3%	10.0%	53%
Methedrine	12.6%	9.5%	132%
		AVERAGE	81.8%
Narcotics:			
Heroin	5.2%	5.4%	96%
Morphine	7.0%	7.7%	91%
Codeine	5.2%	6.8%	76%
		AVERAGE	87.6%
Hallucinogens:			
Marijuana	21.6%	19.0%	113%
Hashish	16.9%	15.9%	106%
Psilocybin	4.1%	7.8%	53%
Peyote	7.6%	8.6%	88%
Mescaline	14.5%	11.3%	128%
DMT	7.0%	8.7%	80%
LSD	8.7%	8.2%	106%
STP	5.2%	10.0%	52%
		AVERAGE	91%
Delireants:			
Airplane Glue	4.6%	6.3%	73%
Alcohol	20.3%	20.5%	99%
Tobacco	29.1%	30.0%	97%
Total: Experimental Percent of Control			85.23%

Copies of the instruments utilized, including summaries of student responses to these instruments are found on page 234 in the appendix. It should also be noted that, while obvious differences in abuse patterns exist between the experimental and control groups, in both of these groups (experimental and control) regular and frequent use was higher than regular or frequent use as indicated by baseline data collected by this project in 1972. This generalized increase in drug use follows a pattern which has occurred across St. Louis County as indicated in several studies, including a county-wide survey conducted by the Research and Development Section of the St. Louis County Health Department in the fall and spring of the 1972-73 school year. Thus, while the apparent differences in drug abuse between our experimental and control groups are encouraging, the essential issue remains that there is a general increase in drug abuse in this district and across St. Louis County.

Objective Two:

At the end of the second semester of the 1972-73 school year, the level of student knowledge about drugs and the effects of drug abuse will be 80% higher in the experimental classes, grades 3 through 12 (10,694), than in the control classes.

Relevant Activities:

While all of the activities implemented by the Drug Abuse Education Project were designed to meet Project Objective Two, certain activities relate specifically to raising the level of student knowledge about drugs and the effects of drug abuse. Such activities are included in "Staff Orientation and Training Activities" and "Curriculum Development and Implementation Activities," previously described with reference to Objective One.

Analysis of Data:

The level of knowledge related to drugs and drug abuse was measured by two forms of a "Drug Attitudinal Inventory" developed by Dr. Colin Box and Dr. Irvin Cockriel from the University of Missouri at Columbia. The elementary form of the inventory was given to 1134 students in grades 3-5 in 14 district elementary schools. The junior high and high school form was given to 1728 junior high and 658 high school students. Percentages of student responses to both forms of the "Drug Attitudinal Inventory" are reported on copies of the instrument contained in the Appendix (pp. 116, 200). Responses are grouped by Categories I, II, III, and IV, as described at the beginning of this section.

Conclusions can be drawn from the data in two ways. Comparisons can be made on data collected in Project Year 02 between Groups I, II, and III (secondary); comparisons can also be made between Groups I, II, III, and IV (elementary). The Project's objective was that Group I (elementary and secondary) student responses would show a higher level of knowledge about drugs and drug abuse than Group IV (elementary) or Group III (secondary) responses. Comparisons can also be made between data obtained in Project Year 01 and Project Year 02. The goal in this case is for Year 02 responses to indicate a higher level of knowledge than Year 01 responses.

An analysis of data collected in elementary grades during Project Year 02 indicates that Group I students have at their command more accurate information about drugs and drug abuse than students in Group IV. For example, on item #50, "Alcohol is used only as a drink," 66.9% of Group I students, compared to 52.1% of Group IV students, responded NO, indicating that Group I students have a higher level of knowledge about this particular drug. Similarly, on item #51, "If I sniff glue, it could lead me to the use of other drugs," 52.6% of Group I students responded YES, while only 46.5% of Group IV students responded YES. It is also important to note that a significantly higher percentage of Group I students (32.1%) than of Group IV students (28.6%) responded DO NOT KNOW to this same item. The Project has attempted to help teachers and students see that it is often the case that students who abuse one drug are likely to abuse other drugs, not because of inherent chemical characteristics of the drugs themselves, but because the personal problems which lead a person to abuse one drug can also lead him to abuse a variety of other drugs. The fact that more Group I students responded YES to the item in question would seem to indicate an awareness of the correlation between use of one drug and use of a variety of other drugs. The relatively large percentage of Group I students who responded DO NOT KNOW indicates continued uncertainty on the part of these students. However, it is encouraging to note that only 15.3% of Group I students, after exposure to Project philosophy and information, feel they can say absolutely that abusing one drug will not lead to the abuse of other drugs.

While such items indicate effective transmission of Project information, optimism must be guarded. Selected items relating to the level of knowledge about drugs and drug abuse still reflect misinformation or ambiguity on the part of some Group I students. For example, on item #36, "More poor people use drugs than rich people," 37.8% of Group IV reject this stereotype, while only 23.0% of Group I students do so.

A comparison of data collected on the elementary form in Project Years 01 and 02 provides an indication of definitive trends in student level of knowledge about drugs, specifically as it relates to stereotypes about drugs and drug users. (Data concerning this instrument obtained in Project Year 01 can be found in the Interim Evaluation report for that year.) When comparing data between the two project years, it must be remembered that data is arranged differently. In Project Year 01, student responses were grouped according to individual grades. In Project Year 02, data for grades 3-5 was collected and analyzed on the basis of the four categories relating to extent of teacher training and use of curriculum. In spite of this difference in the arrangement of data, an examination of some items on the elementary form, comparing Years 01 and 02, illustrates some interesting changes in student thinking about drugs. On item #36, "More poor people use drugs than rich people," (item #16 on Project Year 01 instrument) an average of 34% of Year 02 students and an average of 18% of Year 01 students responded NO. The fact that a greater percentage of Year 02 than of Year 01 students responded NO to this item indicates that after some exposure to Project activities and information, students are less likely to concur with this popular stereotype of drug users. Data obtained on item #42, "Marijuana users are involved in crimes such as stealing and murders" (item #22 on form of instrument used in Year 01), indicate that a significantly greater number of students in Year 02 than in Year 01 realized the invalidity of this stereotype of all drug users as criminals. On this item, an average of 6.4% of students in Year 01 responded NO, while in Year 02, an average of 17% responded NO. From even this brief comparison of data obtained in elementary grades in Years 01 and 02, one can conclude that during Project Year 02, more elementary students were beginning to question and revise their agreement with popular stereotypes.

An examination of data obtained during Project Year 02 on the secondary form of the "Drug Attitudinal Inventory" indicates that Group I students have more accurate information, as tested by certain individual items, about drugs and drug usage, than students in Group III. One example of the difference in level of knowledge between the two groups can be seen in responses to item #57, "Once you take a shot of Heroin, you will be immediately ADDICTED." A total of 67.2% of Group I students responded DISAGREE and STRONGLY DISAGREE. In contrast, only 56.3% of Group III responses fell into these two response categories. This difference would seem to indicate that, in spite of frequently unclear or inaccurate information provided in the popular media, a significant majority of Group I students shared an accurate fund of information about the addicting properties of this particular drug. While such differences in the level of knowledge between Groups I and III are not consistent throughout the data, it is encouraging to note the difference in certain individual items concerning factual information about drugs and drug abuse.

Responses to item #32, "Marijuana users are easily recognized," reflect a difference in the extent to which Groups I and III subscribe to popular stereotypes of drug users. A total of 50% of Group I students responded in the DISAGREE and STRONGLY DISAGREE response categories, compared with 42.9% of Group III students in these two categories. One may conclude, from this comparison, that Group I students have developed a more accurate and sophisticated fund of knowledge about the marijuana user. They seem able to recognize differences in the behavioral manifestations of various types of drug use.

An examination of Group I data in isolation reveals a high level of knowledge on several important issues concerning drugs and drug abuse. For example, on item #14, "An important factor in drug abuse is the personality of the individual," a total of 64.2% of Group I students responded STRONGLY AGREE and AGREE. Similarly, on item #15 (p. 202, Appendix), dealing with the differential effects of drugs and personal/social factors, only 17.7% of Group I students see effects of the drug as a predominant causal factor over personal/social factors. Such responses indicate that this group of students has accepted the information presented to them in classes taught by teachers trained under the auspices of the Project. Even though the differences between Groups I and III are often not significant in regard to level of knowledge, it is encouraging to see a high level of accurate knowledge within that group of students whose teachers had the greatest exposure to Project information and training activities.

Because of the generally high level of knowledge about drugs among secondary students, one would not expect to find great differences in level of knowledge between Project Years 01 and 02. On items relating to specific properties of individual drugs, however, one does find differences between student responses in the two years. For example, in Project Year 01, an average of 47% of students in grades 7-12 responded VERY HIGH and HIGH to item #77, "Please rate the degree to which you believe the use of barbiturates (depressants) will probably lead to addiction" (item #96 on the instrument given in Year 02), while an average of 58% of student responses in Groups I, II, and III in Year 02 are found in these two response categories. This would seem to indicate that, after a year's exposure to Project activities or to teachers who had received training and used Project curriculum, students had more accurate information concerning the addictive properties of barbiturates.

While data obtained on certain individual items reflect increased level of knowledge about certain drugs, one cannot conclude that the general level of student knowledge about drugs and drug abuse was 80% higher in Group I students than in Groups III and IV. There are several reasons for the lack of a difference of this magnitude between the groups being compared. Perhaps the most important reason is that a wide variety of individuals and groups who come in contact with students are concerned about the issue of drug abuse and are concentrating on giving information about drugs to young people. This barrage of information often results in confusion among students. It is unrealistic to think that students in Group I are isolated from or immune to contradictory information provided them by people in their general environment. Thus, one should not be surprised that on some items in the instruments used by the Project, Group I student responses still reflect confusion or misinformation.

In the same way, it is not surprising that, in some cases, Group III or IV students reflected a high level of accurate information about drugs and drug abuse. In spite of a failure to raise the level of Group I student knowledge of drugs by the percentage stated as the goal in Objective Two, there are examples of more accurate knowledge about certain drugs, the properties of specific drugs, and about drug use in general to be found in Group I students. There appear to be more examples of accurate information among Group I students at the secondary than at the elementary level. More noticeable at the elementary level is a decreased acceptance by students of popular stereotypes about drug users and abuse. This trend toward viewing drug users and abusers as individuals, rather than as stereotypes, is encouraging and consistent with major Project goals. As these elementary students continue to attend schools in which Project activities and information are widely disseminated, they should become increasingly receptive to the information provided by teachers using the Project's curriculum. It is anticipated that data collected in future years will reflect this trend. It should also be noted that research studies conducted in other areas of the country suggest an extremely tenuous relationship between knowledge about drugs and drug use. This Project's instructional materials, reflecting this research, place much more stress on the development of good decision-making skills than on giving purely objective data about drugs.

Objective Three:

At the end of the second semester of the 1972-73 school year, student attitudes related to drugs will be 50% more positive in the experimental classes, grades 3-12, (10,694 students), than in the control classes.

Relevant Activities:

While all of the activities implemented by the Drug Abuse Education Project were designed to meet Objective Three, certain activities relate specifically to changing student attitudes related to drug abuse. Such activities are included in "Staff Orientation and Training Activities" and "Curriculum Development Implementation Activities", previously described with reference to Objective One.

Analysis of Data:

Student attitudes related to drugs were measured on the elementary and junior high and high school forms of the "Drug Attitudinal Inventory", developed by Dr. Colin Box and Dr. Irvin Cockriel from the University of Missouri at Columbia. The elementary form of the inventory was given to 1,134 students in grades 3-5 in 14 district elementary schools. The junior high and high school form was given to 1,728 junior high and 658 high school students from district secondary schools. Percentages of student responses to both forms of the "Drug Attitudinal Inventory" are reported on copies of the instrument contained in the Appendix, (pages 116, 200). Responses are grouped by categories I, II, III, and IV as described at the beginning of this section.

Comparisons between the data obtained on certain items of both forms from elementary Groups I (experimental) and IV (control) and secondary Groups I (experimental) and III (control) provide information about both specific attitudes to drugs and general trends which can be observed in regard to changes in these attitudes.

At the elementary level, there appears to be a trend among Group I students toward increasing awareness of the potential for abuse in substances commonly found in the home. In general, Group I students are less likely to take non-prescription medicines like cough syrup, aspirin, and diet pills, without parental permission. On item #29, "If I felt like I was gaining weight, I would take some of my parent's diet pills without asking", for example, 4.2% of Group IV responded YES, compared to only 1.7% of Group I students. Similarly, on item #33, "If I had a cough, I would take cough medicine without being told", 20.8% of Group IV students and only 15% of Group I students responded YES. This indicates that Group I students see such medicines as drugs, with potential for harmful effects. Certain units throughout the elementary curriculum speak directly to this point. It is encouraging to note in Group I responses this positive effect of the curriculum on student attitudes about drugs. Group I students also seem to have a clearer understanding of the dangers of cigarette smoking. On item #31, "If I found a pack of cigarettes, I would smoke some of them", 10.0% of Group IV students responded YES, compared to only 4.5% of Group I students. The difference between group responses to item #53, (Group I--77.0%, NO; Group IV--53.3%, NO), "If I found a drug that made me feel good I would give it to my friends", indicates that Group I students are more likely to see drugs as dangerous substances, not as something good to share with friends.

While success can be noted in these areas, Project staff members are less optimistic about the extent to which Group I students see themselves as able to resist peer pressure concerning drug use. On several items concerning willingness to experiment with particular drug substances, there is little difference between responses of Groups I and IV. While this lack of difference between groups concerning the ability to resist peer pressure is disappointing, it is not too surprising. Peer pressure begins to assume great influence especially in the later elementary grades. It is perhaps too much to expect that one year's exposure to Project activities could counteract this influence. Significant differences between groups with reference to this ability are hoped for as students experience increasing exposure to Project activities and curriculum.

Data from the secondary form of the "Drug Attitudinal Inventory" indicate some general trends concerning attitudes about drugs on the part of junior high and high school students. Group I (experimental) students seem to view the extent and significance of the drug abuse problem more realistically than Group III (control) students. For example, on item #10, "The drug abuse problem in the schools has been exagerated by the media", 41.1% of Group I student responses fall in the response categories DISAGREE and STRONGLY DISAGREE, compared to only 27.3% of Group III student responses in these two categories. Similarly, on item #11, "There is a drug abuse problem in your school", 68% of Group I students, compared to 54.1% of Group III students, responded AGREE and STRONGLY AGREE. A realistic understanding of the extent of drug abuse in community and school is an important part of Objective Three. It is encouraging to note that Group I students have acquired such an understanding to a significantly greater extent than Group III students.

Group I students, after exposure to Project activities and curriculum, see important similarities between the use of alcohol and other drugs. On item #49, "Most people who use marijuana use it for the same reasons others use alcohol," for example, 26.1% of Group I students responded STRONGLY AGREE, while only 20.8% of Group III students responded in this category. Ascribing similar motivation to the use of alcohol and marijuana is indicative of an attitude which views both substances as drugs with abuse potential. Discussing alcohol and tobacco in a class with other drugs is a consistent feature of the curriculum. Data obtained on items relating to this concept indicate the positive effects on student attitudes of Project activities and curriculum.

As stated with reference to Objective Two, Group I students appear to be more well informed about the characteristics of specific drugs than Group III students. There does not appear to be, however, any great difference between the two groups concerning the causes they ascribe to drug abuse. Both groups tend to see abuse potential as a property of the drug rather than as a factor in the personality of the individual. To the extent that this trend persists, we may assume that student attitudes still reflect misinformation about drug use. While significant progress has been made at the elementary level in establishing more realistic attitudes toward drug use, and at the secondary level in establishing a more realistic attitude about the extent of drug abuse and about the potential for danger in several specific drugs, the Project staff hopes to see, at the end of Year 03, a change in secondary students' attitudes concerning the causes of drug abuse. It should be remembered, too, that research has shown that the significant factor in the relationship between an individual's attitudes and his drug-taking behavior is not his attitude toward drugs, but rather his attitude about himself. Data obtained in Year 02 concerning the general concept of attitudes about self are discussed with reference to Objectives Five and Six.
Analysis of this data suggests generally more positive attitudes toward self, after exposure to Project activities and curriculum.

Objective Four:

By the end of the Teacher Training Program (March, 1973), the level of knowledge related to drug abuse on the part of teachers who participated in the Project's Teacher Training Program (275 teachers) will be 80% higher than the level of knowledge related to drug abuse on the part of teachers who did not participate in the Teacher Training Program.

Relevant Activities:

The primary activities used in meeting Objective Four are the Project's Information and Communications Training Workshops. A total of 373 district teachers attended workshops during Project Year 02. In addition to these workshops, all efforts to make district staff members aware of Project activities relate to raising the level of teachers' knowledge about drug abuse. A detailed description of these efforts can be found in Section II (Dissemination) of this report.

Analysis of Data:

The level of teacher knowledge about drugs and drug abuse was measured by a "Drug Attitudinal Inventory" developed by Dr. Colin Box and Dr. Irvin Cockriel of the University of Missouri at Columbia. For purposes of this report, an examination will be made of data obtained on a pre-test and post-test of this instrument given at the February, 1973, Information and Communications Training Workshop. Data is based on responses by 70 teachers who attended this workshop.

According to this data, significant gains were made in teachers' level of knowledge about drugs and drug abuse. The following items which are discussed were all significant at the .05 level or better. One significant example of gain in level of knowledge can be seen on item #15, "At moderate amounts, the effects of any drug are determined more by personal and social factors than by the drug itself." On this item, a total of 43.6% of pre-test responses fell into the response categories STRONGLY AGREE and AGREE. At the end of the workshop, a significantly greater majority, 90%, of teacher responses fell into these two categories. The increase in level of knowledge as seen on this item is significant because the concept tested by this item is crucial to an understanding and acceptance of Project goals. If teachers are to use the Project's curriculum to best advantage, it is crucial that they understand the importance of social and personal factors as they relate to drug use and abuse.

Another important gain in knowledge is indicated in item #32, "Marijuana users are easily recognized." On this item, 61.3% of pre-test responses were in the DISAGREE and STRONGLY DISAGREE categories, while 86% of post-test responses to item #32 were in these categories. It is important for teachers to realize that marijuana users are not easily recognized because such realization is a basis for beginning to see drug users as individuals rather than as a stereotyped group of blatant deviants. An examination of the data obtained on item #55, "Drug addicts are more apt to commit sex crimes," reveals another important gain in teacher knowledge about drug abuse. A total of 40.4% of pre-test responses to this item fall in the DISAGREE and STRONGLY DISAGREE categories, compared to 50% of post-test responses. Teachers need to have this kind of accurate information at their disposal for two reasons. First, accurate knowledge about the behavior of drug abusers is important so that teachers see abusers as individuals rather than as part of a stereotyped group. Important, too, is that teachers have accurate knowledge about drug abuse and its effects so that, when talking with students, they avoid the mistake so often made by educators in the past of giving students information which experience and observation have shown to be incorrect. The more teachers give students false information, the less likely students will be to accept any information teachers provide. Data obtained on the items mentioned here, as well as on other items on the instrument, reflect a trend toward more accurate and specific information about drug use and abuse.

Not all items reflect significant gains in teacher level of knowledge about drugs, however, evidence indicating a trend toward greater knowledge is obvious. The success of the Drug Abuse Education Project depends to a degree on teachers being adequately and accurately informed about drugs and the goals of the Project. A high level of knowledge about drugs and a view of the drug user asan individual are prerequisites to the successful implementation of Project instructional units.

Objectives Five and Six:

(Five) By the end of the Teacher Training Program (March, 1973), the level of communication between teachers who participated in the Project's Teacher Training Program (275 teachers), and their students in the experimental classes will be 50% more effective than the level of communication between students and teachers who did not participate in the Project's Teacher Training Program.

(Six) By the end of the Teacher Training Program (March, 2973), the social-emotional climate in the experimental classes (83 classes) will be 50% more conducive to decreased drug abuse than the social-emotional climate in the control classes.

Objectives Five and Six will be discussed simultaneously, because they are intimately related to each other. The Project sees effective communication between students and teachers as an integral part of the social-emotional climate of the classroom. It is unlikely that either would improve without the other.

Relevant Activities:

Project activities of particular relevance to accomplishing Objectives Five and Six are those dealing with teacher training and curriculum development and orientation. Information and Communications Training Workshops provided a framework for explaining Project philosophy and activities. Mini-workshops in communications and values clarification were conducted at several district elementary schools. Building meetings where curriculum was disbributed and explained to teachers were also intended to help staff members see the importance of student-teacher communication and the ways in which better communication is a function of the social-emotional climate of the classroom. Activities centering around the development of the curriculum, explained more fully with reference to Objective One, were also important in increasing the effectiveness of classroom climate and student-teacher communication.

Analysis of Data:

Effectiveness of classroom communication and social-emotional climate were measured on the following three instruments: 1) "Drug Attitudinal Inventory for Elementary Grades", by Dr. Colin Box and Dr. Irvin Cockriel ofthe University of Missouri at Columbia, 2) "The Risk-Taking Attitude-Values Inventory", Elementary Level, by Dr. Richard Carney, and 3) "Values Inventory of Behavioral

Responses", by Dr. Nancy Seiders and Dr. Edward Sanford. The "Drug Attitudinal Inventory" was given to 1,134 students in grades 3-5 in district elementary schools. Data on "The Risk-Taking Attitude--Values Inventory" and the "Values Inventory of Behavioral Responses" were obtained from a sample of 158 students in grades 3, 5, and 6 in five district elementary schools. Students to whom these two instruments were given were all in categories I (experimental) and IV (control) as described at the beginning of this section of the report. Mention will also be made of teacher responses to the "Workshop Evaluation Form", completed by participants at the conclusion of Year 02 Information and Communications Training Workshops. Workshop participant comments quoted in this report were obtained from "Workshop Evaluation Forms" completed by 68 teachers in the January, 1973, workshop and from 65 teachers in the February, 1973, workshop.

In discussing the data obtained on the first three instruments mentioned above, comparisons are made only between Groups I and IV in Project Year 02. The "Values Inventory of Behavioral Responses" and "The Risk-Taking Attitude--Values Inventory" were given for the first time during Year 02 and so provide baseline data. The "Drug Attitudinal Inventory" was revised (to insure that it correlated more closely with the curriculum developed during the previous summers) in April, 1973, to include items relating to the social-emotional climate of the classroom and communication between students and teachers. Comparisons between Groups I and IV on selected items from these three instruments are detailed below. In the process of collecting baseline data from the "Values Inventory of Behavioral Responses", a profile of value needs was developed. (See page 199 in the appendix). One of the bases of the Drug Abuse Education Project is the philosophy that a person's values have a direct relationship to his drug-taking behavior. An examination of Year 02's value needs profile indicates that the profiles from Groups I and IV are almost identical. Both groups' needs levels in the eight value categories measured by the instrument fall within the "Average" range, as conceptualized by Seiders and Sanford. During Year 03, the Project plans to test, in a small number of selected elementary classrooms, whether a teacher can, using value enhancing techniques, bring about statistically significant change in the value needs of students. Data collected on the "Values Inventory of Behavioral Responses" at the end of Year 03 will be compared with the baseline data collected in Year 02, to see if a teacher can, in fact, change the value needs of a class. It is anticipated that the results of this test will have great significance for the continuation and further revision of Project curriculum and activities.

An examination of data collected on certain items of the three measures referred to above indicates that there are differences, significant at the .05 level, between Groups I and IV. On the "Values Inventory of Behavioral Responses", for example, 53.4% of Group I students, compared with 38.4% of Group IV students, selected response a., "Feel I am as good as most kids", for item #6, "I ususally . . . ". Research has shown that a positive self-concept is an important factor in decreasing the incidence of drug-taking behavior. The fact that a greater percentage of Group I students than of Group IV students have a positive self-concept can be seen as positive movement in the direction of accomplishing Objective Six. Another central factor in the Project's philosophy is that a child who has a firm sense of his own values is less likely to abuse drugs than a child whose values remain unclarified. Item #9 on "The Risk-Taking Attitude-Values Inventory" is relevant to this factor. On this item, "How important is respect to me?", 22.7% of Group I and 15.0% of Group IV responded MOST IMPORTANT. From this data, it is evident that a greater percentage of Group I students than of Group IV students have a firm sense of which values they adhere to most closely. Item #17 on the same instrument asks students to what extent their value needs are being met. To the question asked in this item, "How close are you to having as much respect as you want or need?", only 15.0% of Group IV students responded REACHED GOAL, while twice as great a percentage, 30.3%, of Group I students responded in this category. One of the theories to which the Project subscribes is that if an individual can find non-chemical ways of meeting his needs, he will be less likely to turn to drugs. Thus, it is encouraging to note that teachers of Group I students have altered the social-emotional climate of their classrooms to the extent that many children feel that certain of their value needs are being met.

An examination of data obtained on the "Drug Attitudinal Inventory" suggests that Group I students have a stronger identification with the school as an institution than Group IV students. For example, on item #14, "When it is clean-up time in the classroom, I . . . .", 69.7% of Group I students, as opposed to 51.4% of Group IV students, selected response category B., "Help others clean up". The difference in responses between the two groups indicates that a significant majority of Group I students feel a sense of responsibility for the total classroom. They seem to view themselves as an integral part of their class, with something of value to contribute to the workings of the total group. On item #19, "Boys and girls are throwing rocks on the playground. I will. . . .", a similar trend can be seen. To this item, 35.9% of Group IV students responded in category C., "Walk away", while only 24.4% of Group I students responded in this way. This would seem to indicate that fewer Group I students see themselves as uninvolved in the process of maintaining order in the school. A total of 71.1% of Group I students responded in categories which refer to taking some positive action to stop their peers from breaking the school rule about rock throwing. A significantly smaller percentage, 54.8%, of Group IV student responses fall into the same categories. The Project staff is encouraged by this tendency on the part of Group I students to identify with the school, to gain in self-knowledge, and to make responsible decisions about problem situations.

While the issue of student-teacher communication is an integral part of the social-emotional climate of a classroom, it is appropriate at this point to refer to one specific item from the "Drug Attitudinal Inventory" which speaks directly to student-teacher communication. Responses to item #24, "I can tell when the teacher is mad", indicate the extent to which a teacher is open in expressing his own feelings to students. On this item, 40.1% of Group I students and 29.7% of Group IV students responded MOST OF THE TIME. Thus, Group I teachers seem to be expressing their feelings more effectively to students than Group IV teachers. This improved level of communication is significant for two reasons. A teacher who communicates openly with students provides a model for authentic behavior and expression of feelings, thus encouraging students to do likewise. Open communication of feelings of anger is also important because it helps students learn to accept such feelings as a normal part of their daily lives. A prerequisite to developing a positive self-concept is an acceptance of one's feelings. Group I students, learning in an open atmosphere, cannot help but benefit and learn to communicate their own feelings and thoughts more openly and effectively.

From this examination of the data, it is apparent that Group I teachers are achieving success in the areas of improved communication and social-emotional climate in their classrooms. Use of the Project's curriculum by Group I teachers is significant here. The indication is that use of the curriculum leads to more effective classroom communication and social-emotional climate. An examination of teacher responses to item #15 on the "Workshop Evaluation Form," used at the Information and Communications Training Workshops, ("List the ideas you intend to use in your work situation"), reveals that teachers have developed goals which relate specifically to these two objectives. Following are sample responses to item #15 written by teachers on the evaluation forms after the January and February, 1973 workshops: "Open discussion concerning controversial drug explorations so all value judgments can be brought out including my own"; "Try to 'listen' to children--touch them mentally, physically more--accept them"; "I CARE ABOUT EACH PERSON. CHILDREN ARE PEOPLE TOO!"; "Re-examine any teaching technique that may stifle creativity, diversion, or student decision-making"; "Be open-minded when sharing views. Accept values and views of others, but be honest about disagreeing"; "To try and have more interaction so students feel more at ease to open up and talk"; and "Listen to what students mean by what they say." Such comments indicate that teachers, after attending the Information and Communications Training Workshops, were able to set specific behavioral goals relating to Project activities. The clear understanding they gained of the ways in which teachers can help decrease the incidence of drug abuse was apparently translated into positive action by Group I teachers.

In looking at the data described in this section, one can, of course, find items where Group IV (control) classes seemed to have effective social-emotional climate and student-teacher communication. The items referred to here, however, do reflect a general trend on the part of Group I (experimental) students toward a clearer sense of their own values, improved self-concept, and a strong identification with the school as an institution. This trend reflects the increasingly successful achievement of Project Objectives, Five and Six.

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Objective Seven:

At the end of the second semester of the 1972-73 school year the level of communication between parents and elementary students, grades three through six (1,990 students), in the experimental classes will be 50% more effective than the level of communication between parents and students in the control classes.

Relevant Activities:

All phases of Project activity have had some effect upon the level of communication between parents and elementary students. However, certain activities are related more specifically to Objective Seven. These activities, described on p. 26,27 include the: 1) Counselor Practicum, 2) Social Seminar Facilitators Workshop, 3) Curriculum Orientation Programs, 4) PTA Presentations, 5) Social Seminar Workshops.

Analysis of Data:

Selected items from two instruments utilized by this Project were used in measuring the differences between the experimental and control groups concerning the level of communication between parents and students. These instruments include: 1) the "Drug Attitudinal Inventory," developed by Dr. Colin Box and Dr. Irvin Cockriel, 2) the "Values Inventory of Behavioral Responses," developed by Nancy D. Seiders, Ph.D. and Edward W. Sanford, Jr., Ph. D. Interpretations of this data are highly conjectural. They should only be viewed as attempts to define tentative trends.

Hard data concerning the level of communication between parents and students in grades 3-6 is not available. To gather optimal data of this type would require on-site observations and it is beyond the scope of this Project's capabilities to engage in these types of data collection efforts. Instead we have had to rely upon reported behavioral distinctions between the experimental and control groups and make interpretations on the basis of those types of behavior which one could legitimately ascribe to differences in level of communication between parents and students. With this limitation in mind, three general trends are observable between the experimental and control groups. These trends relate to the extent to which: 1) there is a sense of interdependence among family members, 2) individual family members feel free to make independent decisions, and, 3) children in the family report that they would use their parents' drugs and/or alcohol without asking.

Students in the experimental group appeared to come from families in which there was a more highly developed sense in interdependence. There is evidence to suggest that the experimental family groups had greater cohesiveness. They appeared to operate more as a unit, with individual family members taking on jobs because they realized that the family needed their individual contribution rather than because they were coerced by other other family members. The items described below from the Seider's "Values Inventory of Behavioral Responses" seem to confirm this observation. For example, 47.9% of the experimental group said they would pick up things at home without being reminded by someone else, as compared to 34.9% of the control group. Responding to the question of helping with chores at home, 53.4% of the experimental group said they did this "Because I should," as compared to 48.8% of the control group. On the same item, 13.7% of the experimental group said they helped with chores at home "Because I have to," as compared to 24.4% of the control group. Also, in response to item #38 on the Seiders' Inventory, 37% of the experimental group agreed that a child should "Help whether or not he gets an allowance," while only 30.2% of the control group accepted this possibility. Finally, 8.2% of the experimental group felt that "Things I learn in school will help me at home," as compared to only 3.5% of the control group.

The ability to make individual decisions based on independent considerations rather than a fear of not following group expectations appears to be another distinction between the experimental and control groups. For example, 49.3% of the experimental group said that "If someone says 'sir' to his father it is because he respects his father," as compared to 46.5% of the control group. Independent decision-making also shows up on item #40 in the Seiders' Inventory as 38.4% of the experimental group say that "When I get to buy something I usually keep within my allowance," as compared to 30.2% of the control group. Of this same item, 26% of the experimental group said they asked their parents how much to spend when buying something as compared to 30.2% of the control group. Finally, in response to item #45 on the Seiders' Inventory, 45.2% of the experimental group said they will "Go to college because I want to," as compared to 3[illegible].4% of the control group. This response compares to the 17.8% of the experimental group who said they would go to college because their parents expected them to as compared to a response of 23.3% in the control group.

These two tendencies toward feeling responsibility to the family unit and the ability to make independent decisions are also illustrated by the differing ways in which the experimental and control groups responded to items relating to the use of drugs in the home. For example, item #28 on the Box-Cockriel "Drug Attitudinal Inventory," elementary form states, "If I had trouble sleeping some night I would take one of my parent's sleeping pills without asking." While the percentages of YES responses to this item were similar in the experimental and control groups (control group--2.4%, experimental group--2.7%), 82.7% of the experimental group answered NO to this item as compared to 59.1% of the control group. Also, 38.2% of the control group answered DO NOT KNOW on this item as compared to only 14.9% of the experimental group. Similar results were found on item #29 of this instrument which states "If I felt like I was gaining some weight, I would take some of my parents' diet pills without asking." On this item, 81% of the experimental group answered NO compared to 57.1% of the control group. Item #34, referring to similar behavior, which states, "I would drink alcohol (beer, wine) without my parents' permission," elicited a 74.8% negative reaction from the experimental group compared to 52.9% in the control group.

While these differences are obviously not definitive, they do indicate trends toward what could be described as more open communication between parents and children. Copies of the Box-Cockriel "Drug Attitudinal Inventory" elementary form and the Seiders' "Values Inventory of Behavioral Responses" can be found on pages 191 to 198 in the appendix.

II. SUMMARY OF DISSEMINATION ACTIVITIES

During Project Year 02 the Drug Abuse Education Project engaged in dissemination activities which can be divided into the following three categories: 1) ~~memos~~ and staff bulletins, 2) project staff presentations, and 3) activities relating to inter-agency cooperation. Summaries and examples of community reactions to the project are included in Sections II and III of this report. The primary emphases during Project Year 02 as far as dissemination activities were concerned were continuing involvement of district staff members in project activities and dissemination of information to community members. Access to a wide variety of community members in the Ferguson-Florissant area was gained through staff member presentations to public and parochial school parent groups and Social Seminars made available to community groups. Distribution of the Drug and Substance Abuse Council's "Comprehensive Community Plan for Drug Abuse Programming and Strategy", which was developed in large part by project staff members, provided a large and varied audience for the project's philosophy and activities. Memos, staff bulletins, newspaper articles, and other written communications relating to the Drug Abuse Education Project, as well as sections of the Drug and Substance Abuse Council's Comprehensive Plan and Position Statement, are to be found in Section III of this report.

Dissemination Activities

1. Memos and Staff Bulletins

(Samples of these types of dissemination instruments are arranged chronologically in Section III of this report.)

Memos to staff members were designed to encourage participation in Information and Communications Training Workshops, to inform them of the availability of materials to support the curriculum, and to increase district awareness of project activities. Frequent communication with teachers who helped develop the curriculum was intended to generate a close working relationship between these teachers and project personnel. Written communications were also distributed concerning the Social Seminar, in an effort to make district staff members and the community at large aware of the availability of this series. As in Project Year 01, the project staff depended much more upon oral presentations and personal contact than upon printed materials.

2. Project Staff Presentations

(Specific presentations to community members are arranged chronologically in Section III of this report.)

Project staff members made presentations varying in length from one-half hour to three hours to both staff and community members. Following are summary listings of these presentations:

a. Presentations made to district staff members:
   1) Curriculum orientation meetings conducted at each of the district's 21 elementary and secondary schools.
   2) Orientation meetings conducted for district guidance counselors.
   3) Project and curriculum briefings given to elementary and secondary principals.
   4) Drug workshop and curriculum briefings given to elementary curriculum consultants.
   5) Mini-workshops on drug abuse education conducted for elementary teachers as part of inservice training programs.
   6) Information and Communications Training Workshops conducted for 373 district staff members. (These workshops are described in detail in the Continuation Proposal for Project Year 02.)
   7) Eight week practicum for counselors in drug abuse education, especially as it relates to project philosophy, curriculum, and Social Seminar activities.
   8) Social Seminar Facilitators Training Laboratory for ten elementary and secondary counselors and staff members.

b. Presentations designed to disseminate information to community members:
   1) General information presentations made to 35 PTA's, PTA Executive Boards, and Mothers' Clubs at public, private, and parochial schools in the St. Louis area.
   2) Curriculum and project orientation meetings conducted for staff members and administrators at eleven private and parochial schools in the St. Louis area.
   3) Two progress reports made to Ferguson-Florissant R-2 Advisory Council.
   4) Forty-five minute to one hour presentations made to the following area service clubs: North County Scoutmasters, Windsor Park Community Improvement

Association, Ferguson Kiwanis and Ministerial Alliance, Our Lady of Fatima Men's Club, St. Dismas Womens' Club, and Maryville College Womens' Crusade Against Crime.

5) General information presentations made to six professional groups and national and regional conventions.
6) Drug information workshops conducted for Waring School Sixth Grade, McCluer North High School Family Living Class, and Explorer Scouts.
7) Half-hour interviews with staff members about drug abuse on three area radio stations.
8) Social Seminars conducted at four locations involving ten evening sessions each.

3. Cooperation With Other Agencies

(Specific materials referred to in this section can be found in Section III of this report.)

Information concerning the Drug Abuse Education Project has been disseminated to a broad representation of the St. Louis community as a result of close and continuing cooperation with a number of agencies involved in dealing with the drug abuse problem. Dissemination has been accomplished by the following means:

a) Recommendations made by Drug and Substance Abuse Council (of which Project Director is President) to St. Louis County Council about the use of Federal Revenue Sharing Funds to support St. Louis County's attack on drug abuse. Based on the Council's recommendation, St. Louis County has used some of its federal funds to establish a training program for emergency room personnel. The County Council also approved the idea of using the Social Seminar Series to train individuals associated with prevention and treatment of drug abuse and to stimulate discussion with parent groups. Actual implementation of this recommendation is still in the planning stages.
b) Position Statement on Education developed and disseminated in cooperation with Drug and Substance Abuse Council of Metropolitan St. Louis. Project personnel participated in writing the statement and discussed it personally with school superintendents in the Metropolitan St. Louis area.
c) Comprehensive Community Plan developed to make recommendations to Drug Abuse Section of Missouri Division of Mental Health about ways to deal with the problem of drug

abuse in the State of Missouri. A copy of this plan was forwarded to the Title III Office in Jefferson City in August of 1973.

d) Curriculum distributed to 17 public school districts throughout Missouri and other states.

4. Community Reactions to Project Activities

(Samples of community reactions are to be found in Section III of this report.)

Community reaction to presentations and activities of project staff work, for the most part, is enthusiastically favorable. Frequent requests for such presentations from faculty and parent groups in the area support this impression. Written comments about the project by various community members, which can be found throughout Sections II and III of this report, indicate broad community awareness and approval of the project.

5. Evaluation of Dissemination Activities

Objective data is not available concerning the relative effectiveness of each of the three general types of dissemination activities engaged in by this project. Objective evaluative data was collected concerning reactions to the Information and Communications Training Workshops. This data indicates that District staff members and community members who attended these workshops reacted in a overwhelmingly favorable fashion. A summary of participant reactions is contained on Pp.242 - 245 in the appendix. In addition to the single item reactions which are summarized in the appendix, numerous written and oral comments were made to the effect that this series of workshops was considered to be extremely effective. In fact several participants said that the workshops were the best that they had been involved in since they had entered teaching. Similar types of reactions have been received by the project both in writing and orally concerning those various types of presentations which were made to community members.

The majority of these presentations, especially those made to PTAs, dealt with: 1) general information concerning the major types of abused drugs, and 2) specific information concerning the project's curriculum. We have received very favorable responses from parents to the curriculum and most especially to the basic concepts underlying this curriculum. The Social

Seminars which were conducted for community members, for the most part parents of elementary school children, have also elicited favorable reactions. Reactions concerning the Social Seminar have spread throughout the community and we are receiving numerous requests for information concerning future Social Seminar workshops. Parents who have never previously participated in any kinds of school activities have said they gained tremendously from their participation in these workshops.

In terms of area-wide dissemination of project materials and points of view, possibly the most beneficial effects have come as a result of cooperation with other agencies. Two major activities, both of which have been conducted through the Drug and Substance Abuse Council of Metropolitan St. Louis, have been the primary vehicles which have been utilized to influence drug abuse education efforts in the Metropolitan St. Louis area. A "Position Statement on Education," developed by the Drug Council, has been very favorably received by superintendents in the Metropolitan St. Louis area. The position stated in this document is precisely that position which has been developed in regard to drug abuse education by this project. In addition, a "Comprehensive Community Plan for Drug Abuse Programming and Strategy," developed by the Drug and Substance Abuse Council, further supports this project's position in regard to drug abuse education. In fact, the entire plan was edited by one of this project's staff members, and the section dealing with education was largely written by one of this project's staff members. This comprehensive community plan was forwarded by the State of Missouri to Washington, D.C. where it received a very favorable reaction. The plan is now in the process of being implemented through a Regional Coordinating Council established by the Mayor of the City of St. Louis, the Supervisor of St. Louis County, and the Presiding Judges of Jefferson, Franklin, and St. Charles counties. In addition, instructional materials developed by this project have received very favorable reactions from, and have been publicized by, agencies such as the Drug and Substance Abuse Council of Metropolitan St. Louis, the State Department of Education, and the Social Health Association of Metropolitan St. Louis.

III. COPIES OF ITEMS DISSEMINATED BY THE PROJECT

MEMOS AND STAFF BULLETINS

September 8, 1972

TO: (10 district elementary and secondary counselors, recommended by district Director of Guidance)

FROM: Bob Fritz and George Friesen

REF: Initial Counselor Orientation Meeting

Dr. Shirley Salmon has informed us that you have indicated a willingness to serve as a representative of the drug abuse project in your school. We are very pleased that you have this interest and feel that our ability to be successful as a project will very much depend upon the help that you are able to give us.

Bob and I would like to meet with you next Thursday, the 14th of September, at one o'clock at McCluer North High School. At this meeting we will:

a. Discuss the content of the Practicum for Drug Abuse Counselors. Also, in regard to the Practicum, determine when the best time would be to hold it.

b. Give a brief introduction to the drug abuse curriculum which was developed over the summer.

c. Furnish you with a reading list of those basic drug abuse materials which are available from the Professional Library at McCluer High School.

d. Preview those drug abuse materials which will be available in each of the secondary guidance offices as well as further materials available for elementary school counselors.

If you have any questions at all about the program or the meeting next Thursday please give us a ring at extension 307. We very much look forward to this opportunity to work with you in helping alleviate the drug abuse problem in this district.

**Drug
Abuse
Education**

A TITLE III, ESEA PROJECT
FERGUSON-FLORISSANT SCHOOL DISTRICT

1896 South Florissant Rd. Florissant, Missouri 63031 Phone: 521-2000

October 6, 1972

MEMORANDUM

TO: ______________________ SCHOOL: ______________________

FROM: George Friesen

I'd like to take this opportunity to bring you up to date concerning some of the recent activities of the Drug Abuse Education Project. The Primary and Intermediate Curricula have gone through most of the initial stages necessary to prepare for printing. We are now going through the same process with the Secondary Curriculum. As we have previously discussed, copies of the Primary and Intermediate Curricula will be sent to those of you who wrote them for proofing prior to printing. You should receive these copies later this week. As soon as the Secondary Curriculum is ready for proofing it will be sent to those of you who worked on it. It should be ready for proofing by the 27th of October.

We are in the process of going through the initial stages of the curriculum implementation plan we developed last summer. This involves making oral presentations to elementary: 1) PTA Executive Committees and, 2) PTA's. By the middle of November we will have completed these presentations. The third stage of curriculum implementation at the elementary level will involve orientation meetings for those parents whose sons and daughters will be going through the curriculum (primarily third and fifth graders). Bob and I will be contacting each of you individually concerning your special role in the curriculum implementation process in your building. We see this role as primarily involving those functions which we discussed this summer; that is, to present the curriculum after it is printed to those teachers who will be utilizing it and then serving on a continuing basis as a consultant to them.

Once again, we are receiving an enthusiastic response to the Information and Communications Training Workshops. The initial registration forms were sent to schools that were not part of the project area last year. As of this date, the October workshop is filled (75 participants) and 36 staff members are registered for the November workshop. We would like to fill the remaining spaces in the November workshop with those teachers in your building who will be utilizing the curriculum who may not as yet have attended a workshop. We are in the process of identifying these individuals and would appreciate it if we could give their names to you and you could encourage them to register for this workshop.

In addition to the Information and Communications Training Workshops, a Practicum for Drug Abuse Counselors will be initiated following the October workshop. This Practicum will be operated for the ten secondary and elementary guidance counselors who will spend a portion of their time working in support of the drug abuse project.

The supplementary materials which you requested to support the curriculum were ordered and many of them have arrived and are in the process of being acquisitioned. As soon as this is completed they will be delivered to the respective schools in which they will be used. The Guidance Associates series as well as the Time-Life series, "If Drugs Are the Answer, What Are the Questions", have been processed and are located in each of the secondary guidance offices. In addition, we have recently received the 15 films which are a part of the Social Seminar series. I have attached a description of each of these films. I think they could be utilized to advantage with community members and teacher in-service. If you would like to preview one or several of these really excellent films call me at Sta. 307.

I apologize for the length of this memo, but I wanted to bring you as up to date as possible. I think we can all be proud of the work that we accomplished last summer. We developed a unique curriculum which, combined with continuing in-service education, should help us have a significant effect on drug abuse in this district.

GF:cb
Encl:

THE SOCIAL SEMINAR--BRIEF DESCRIPTION OF FILMS

All films utilize the cinema verité technique, that is, they are film reflections of real people, in real situations--no actors or staging.

Changing (30 min., Color) A young family seeks to create an alternate life-style; one which is more open, spontaneous and complete with beards, beads, and pot. It shows the mother and father coping with the changing relationships which their new life has brought about--with their children, friends, employer and each other. Finally, it shows them coping with their children's potential involvement with drugs and their own use of the "double standard."

Family (30 min., B & W) A great deal of what a teacher should know about his students can be gained through a deeper understanding of the way the family group functions. The eye of the camera catches elements of family interaction that we missed with the naked eye. The film provides insights into the subtle impact this almost subliminal action has on growth and development.

A News Story (30 min., Color) A study in objectivity and creativity--how a story makes its way to the television screen; how problems of research and filming, editing and presentation affect the objectivity and credibility of the final story. This process is shown for discussion to aid the teacher in developing powers of discrimination in dealing with the flood of information about drug use and the drug culture.

Youth Culture Series (Four segments, 15 min., Color) The experiences and life-styles of American youth, typical and atypical. These films present a personal view of their worlds, the pressures of their peer group, their values and life-styles. The films reveal the positive and negative effects that drugs have on their lives, but also emphasize the habits, hangups, and everyday activities of youth today.

1. Guy: A young Chicano whose use of drugs is the product of an unrewarding environment.

2. Bunny: A college junior who could be "the girl next door." Drugs are just one aspect of her life.

3. Tom: A young man who has allowed hallucinogenic drugs to become his total life experience.

4. Teddy: A young black American who refuses to use drugs and who has found positive alternatives to drug use.

Brian at 17 (30 min., B & W) This film presents an adolescent's view of his educational needs and the way school is and isn't fulfilling them. Brian gives us perspective on the educational experience, homelife, and life in general. This study of an adolescent is designed especially for the teacher and parent who find the current scene confusing. Brian adds to the confusion but adds a great deal of understanding as well.

Jordan Paul: One Teacher's Approach (30 min., B & W) A high school health educator chooses involvement with students as his way of becoming a firstclass teacher. Involvement causes problems, to be sure; but for Jordan Paul it is the ultimate reward of his profession. The film shows Paul in action: in the classroom, on the campus, on field trips, solving problems with his peers, students, and family. The film seems to say that life is a single whole, including that aspect of life which is labeled drug abuse.

What is Teaching? What is Learning? (30 min., Color) A group of teachers discuss their first year's experiences in the "open classroom," and flashbacks to the classroom illustrate the conversation. The enthusiasm of both teachers and pupils is infectious--so much so that the viewer has the feeling of becoming an active participant in the processes of learning, of change, and of growth.

Mr. Edler's Class: Drug Education at the Elementary Level (30 min., Color) An elementary teacher uses the subject of drugs to build a more effective learning relationship with his class--then shares his own learning with his peers. His aim is not to present drugs as a separate course, but to use the subject as a theme around which he may change his teaching methods, becoming more open, more dependent on the children, and more effective as a teacher. The classroom, this film seems to say, is a place for growth of both students and teacher.

Drug Talk: Some Current Drug Programs (30 min., Color) There are many ways to begin constructing a drug education program in the schools, but all contain obstacles. This film illustrates some of the potential difficulties: the police lecturer, the ex-addict, the youth organizer, the "rap room." "Drug Talk" is a fine reminder of some educational "don'ts": don't preach, frighten, or simplify, and don't expect too much, too soon, with too little.

Drugs and Beyond (30 min., Color) In the not-so-distant future, decisions concerning the use of drugs for "positive" purposes such as increased learning power, memory simulation, accelerated maturing processes, tension control, may become major responsibilities among educators and administrators. A look into this future offers a perspective on the entire question of drug education. It suggests that everyone must begin to deal with ideas about manipulation and alteration of man's "natural" state of being and the consequences of such experimenting.

Community in Quest (30 min., Color) A generational gap is slowly closed in a small therapeutic group while, on the political stage across town, the townspeople act out their fears of drugs and banish the group into the outer darkness. For many, perhaps most, communities, this film mirrors life, as the forces of change come into conflict with traditional values and the threat of the unknown.

Meeting (30 min., B & W) How does a community pool its available resources for a drug prevention program? This film depicts the stumbling blocks to honest communication which prevent effective collaboration.

DRUG
ABUSE
EDUCATION

A TITLE III, ESEA PROJECT
FERGUSON-FLORISSANT SCHOOL DISTRICT

1896 SOUTH FLORISSANT RD. FLORISSANT, MISSOURI 63031 PHONE: 521-2000

November 6, 1972

MEMORANDUM

TO: Sent to: Building Principals

FROM: George Friesen

SUBJECT: Staff Attendance at October and November Workshops

Attached are sheets which indicate those staff members who attended the October and November Information and Communications Training Workshops. I felt that you might find this information useful.

As you know, workshops will also be held in January and February. Unlike the first two workshops, these workshops will be open to all district staff members. To aid in the process of curriculum implementation, it would be helpful if as many district third and fifth grade teachers as possible had attended the Information and Communications Training workshops. If you have any third or fifth grade teachers in your building who did not attend the workshop either this year or last year it would be good if you could encourage them to register for the January or February workshops as soon as the registration forms are sent out. These forms should arrive in your building toward the end of the month.

If you have any questions about the drug abuse program please give me a ring at Ext. 307 or 308.

December 19, 1972

MEMORANDUM

TO: Roger Bredenkamp, McCluer High School
Bill Hampton, McCluer North High School
Gary Spindler, Ferguson Jr. High School

FROM: George Friesen

REF: Procedures for Handling Drug Abuse Incidents

Attached are copies of some materials I thought you might find useful as you engage in the process of developing a set of procedures to be used in this district for the handling of drug abuse incidents. Two of them are publications of the Maryland State Board of Education. In addition, I have attached a copy of a "Position Paper on Drug Abuse Education" developed by the St. Louis Drug and Substance Abuse Council. This statement was approved at the October meeting of the Council and will be given wide distribution to metropolitan school superintendents and media in January.

The State of Maryland Position Paper and Professional Guidelines have received wide national distribution and acclaim. They are statements which have grown out of a careful consideration of the best scientific and legal data presently available regarding drug abuse. It seems to me that their major virtues are the fact that: 1) they are based upon an understanding that drug abuse is primarily a medical problem, and 2) the Guidelines are specific enough as to allow for real institutional accountability. Some facets of the Maryland Guidelines could not be specifically adopted in our state because of our present lack of confidentiality legislation relating to drug abuse situations. Until such legislation exists, it seems to me we could overcome this liability by being sure to make very clear to students that public school staff members do not have any legal guarantee of confidentiality.

Incidentally, several St. Louis attorneys are presently engaging in the initial work that needs to be accomplished in order to get such a law passed by the Missouri State Legislature. I understand Mr. Prokop has given you copies of the "Proposed Drug Abuse Policy" developed by the administrators, counselors, and teachers who worked last summer on the development of our drug abuse curriculum. While this statement does not contain specific procedures, I believe it can serve as a good basis upon which to develop a set of detailed procedures. The primary resource used by our staff members as they developed this statement was a publication of the California Inter-agency Council on Drug Abuse.

If you would like for me to do any more spadework for you, please give me a ring at Ext. 307. I think the work you are doing in writing a set of procedures for use in drug abuse situations is very important, much needed, and an effort which has the potential of having a very significant effect upon our ability to deal effectively with the drug abuse phenomena.

GHF:cb

attachments (3)

State of Maryland General Professional Guidelines for Drug Use and Abuse Incidents

A. Every case in which a student seeks counseling or information from a professional educator for the purpose of overcoming drug abuse must be handled on an individual basis, which will depend upon the nature and particulars of the subject case. In determining what procedures might be appropriate, the educator from whom such information is sought shall consider the following factors:

  1. Age of student
  2. Type of drug
  3. Intensity of involvement
  4. Sincerity of student and willingness to undertake appropriate treatment
  5. Resources available
  6. Parental involvement

B. As in any good helping relationship, the educator at the earliest appropriate time is encouraged to discuss the availability of other resources, his professional limitations, and the desirability of parental involvement. Decisions to include parents should be made jointly by the student and educator unless in the judgment of the educator, the mental or physical health of the child is immediately and dangerously threatened.

C. The new law on confidentiality places no duty on the part of educators to inform parents, administrators, or law enforcement personnel, or the identity of students seeking help for overcoming drug abuse problems.

D. While confidentiality is a major force in enhancing help-seeking by current or potential drug abusers, educators are cautioned to obtain professional medical advice or to refer the student to the appropriate available medical facility, if there is an immediate and dangerous threat to the student's physical or mental health. As in the performance of any professional role, failure to act reasonably in a drug counseling case may subject the educator to civil liability.

E. Examples of immediate and dangerous threats to a student's health are: loss of consciousness, severe intoxication, inability to communicate coherently, or threat of suicide.

F. When an educator comes into possession of a substance suspected to be a drug, the material should be placed in the custody of the principal who will contact the appropriate law enforcement agency. When such suspected substances are received by any member of the school faculty, the following steps should be taken:

  1. Immediately place the substance in an envelope or other container and label the container with date, time, and circumstances. NOTE: When such substances are acquired by an educator during a counseling/information-seeking conference, the name of the student should not be indicated. In all other instances where an educator comes into possession of drugs, the name of the individual should be carefully noted.

    2. Do not taste the suspected substance under any circumstances.
    3. At the earliest opportunity, turn the material over to the principal who in turn will keep it under lock and key.
    4. The principal or person holding the substance in every case should notify the local or State Police and turn over all substances to the police.
    5. The educator should obtain a receipt from the principal for the suspected drug. It should include a statement as to the quantity turned over. It should be remembered that no authority has been given to any school personnel to possess any prohibited drug or paraphernalia except during transfer to proper authorities. (See Appendix for Public School Laws--Bylaw--Reporting Crimes).

G. Helping role contacts with students seeking to overcome a drug problem should be held on school premises whenever possible.

H. If an educator feels he is incapable of providing adequate help for a student, the educator and student should cooperatively seek additional professional help from available sources.

I. Any written information pertaining to or about the information-seeking/counseling session should be regarded as the personal notes of the educator. No record should be kept of the personal notes of the educator. No record should be kept in any official school file or folder.

J. All educators should have access to a list of available sources in their community where students with drug problems may be referred for help. (It would also be beneficial to have in each school a drug resource person who could act as an aid to educators involved in counseling a drug involved student.)

K. In the general classroom situation, teachers should not attempt to diagnose symptoms of drug abuse. Because of the difficulty of determining such symptoms, it is suggested that if a student is physically or mentally incapable of functioning properly in class, he should be sent to the school health facility where the usual school health referral procedures should be followed.

Any educator--or almost anyone associated with the educational process--often finds himself suddenly thrust into the "helping" role when interacting with young people today. The "generation gap" is accentuated by such factors as the nature of youth's discontent and the means by which it is expressed. Thus, philosophically, the adult and youth may find themselves hopelessly opposed as each says the other will "never understand." Their positions may become emotionally polorized as the adult says, "Get out and never come back" and the youth says, "O.K." Thereafter, each retreats to his own peer group and justifies his action. This sad prototype of interaction occurs daily in homes and schools all over the state. Too often the nature of the apparently insoluble conflict has to do with drug abuse.

Youth today, by virtue of its sophistication, has an uncanny accuracy for directing its plea for help to sympathetic adults. This, of course, does not imply sincerity on the part of either participant. The adult who feels the need to be liked by all students who confide in him should be wary that such a need has been discovered by the youngster and may not be in the student's best interest.

The nature of the counseling process is the simultaneous differentiation of roles and merging of goals between the two participants. It is a microspectrum of parenthood, but is presumably carried out between a mature adult and a youth who are not burdened by adverse emotional investment in one another. The process is destined to fail if the youth persists in justifying his behavior at the expense of a sincere introspective look at himself and if the adult agrees with this line of reasoning.

Students ask for personal help in drug matters in many ways. Sometimes the request is blunt--"I'm scared. I'm hooked on drug X." But more often the request is worded, "I know this guy who . . . ." or "What would happen if . . . ." Most often the questions come to the educator piecemeal as the student tests his response. Thus it is wise to employ similar therotical and abstract techniques in questioning and responding as that used by the student. For example, even if both teacher and student know that they are really talking about the student, it should be the student who says, "That other guy I've been telling you about is really me." The educator should never forget that the diplomatic handling of this initial frustrating, tentative contact with the youngster may be life saving and that he has been chosen for his contact in lieu of all other adults including the youth's parents.

The following are offered as very general guidelines for individual counseling with students who seek your help in matters related to drug abuse. They are not intended to preempt your personal experience or judgment.

A. Initial Contact - Some students may be evasive, talk in the third person, begin with a safe topic and generally test the educator for some indication of the interest, sincerity, strength and drug awareness. Others may be blunt and shocking in their first contact, but they may also be testing for the above conditions.

B. Shock Material--Chronic drug-involved students sometimes attempt to shock the educator with a discussion of material which may seem initially overwhelming or appalling. Such material might include criminal behavior, severe depression, parental punishment, prostitution or homosexual behavior. Educators who find themselves unable to evaluate the real versus exaggerated meaning of such revelations of a student should obtain the advice of a local resource person.

Confidentiality should be maintained despite this outside-the-relationship contact. It is desirable that the student be made aware of the specific contact or be generally aware that the educator is involved in professional sharing of material discussed.

C. Third person reference--Should a student refer to his "friend's" drug problem, he may be talking about himself or he may truly be talking about a friend and not want him identified. If he is talking about a real friend, the student should be told of the educator's position relative to the existing legislative provisions, i.e., protection of divulged information, and be requested to pass this on to the drug-involved friend.

D. Referral--No educator need feel locked into the role of confidential advisor to a student who asks for help in matters of drug abuse. Should a teacher, counselor or administrator feel unable to help a youngster who has selected him, the educator should attempt to refer the requesting student to a colleague or other available professional.

After a helping relationship has begun, both the educator and the student have the option to cease further sessions together. At that point, the educator may suggest an appropriate referral. If there appears to be an imminent threat to the physical or mental health of the student and the relationship has been terminated, a report must be made to some responsible adult such as a parent, physician, or school administrator, who can provide definitive help. It is desirable to inform the student of this.

E. Why me? The crucial ingredient in counseling is a trusting relationship. The student has generally chosen the educator as an adult advisor and his reasons for that choice are usually unknown to both. The educator may have been presented to him as an authority by a fellow student or a colleague. The educator may have shown understanding in a personal or class discussion. His appearance may remind the student of a trusted (or vulnerable) person in his past or may have invited the confidence by his own feelings for that particular student. Whatever the reasons for getting together in the one-to-one counseling role, the educator had better take a careful look at those reasons. The initial question for a prospective teacher/counselor has to be "why me?".

F. Counseling Contract--Thereafter, the educator must deal with the counseling contract. There has to be tactful honesty. This need not be so negative as, "I'm not sure that you've come to the right person, Johnny." That turns a trusting kid off in a hurry and he's likely to agree and walk off. The educator can start off with an honest bargain by saying, "I want to help you, and I appreciate your trust in wanting to talk with me about this. I promise to listen to you and I'll do that with an open mind and no opinion about how bad or good drugs may be for you. I also promise to try to understand your point of view, no matter what you tell me. In return, I want you to tell me the whole story of you and drugs. I'm not interested in your supplier, just your habit. After you've finished, we'll talk over where we go from there. That means that you may be able to settle this between us or that we both may have to get help from someone else."

The counseling contract cannot contain definite bargains with absolute confining limits on the teacher like, "If I tell you, do you promise not to tell anyone?" The temptation to agreeing with such a bargain has been experienced by any adult confronted by a youngster in distress, but experience has likewise taught that refusal to compromise role responsibility is both immediately and ultimately the more respected position.

G. Counselor role--The teacher/counselor has to avoid the role of policeman in a counseling situation. The policeman is often experienced by youth as a composite of arbitrary parental censure and prejudice. He is often seen as dumb, uninformed, hypocritcal and impotent. First of all, the teacher has to avoid defending the traditional role of either parent or policeman as he recognizes his own role being threatened as the student reveals his own or reflects other's opinions on the absolute of right or wrong. Secondly, the teacher has to be aware of the testing procedure of the student as he reveals information (often erroneous) about "this pusher, dealer, pharmacist, doctor, or clinic." Possibly, the most difficult adaptation of the teacher/counselor is avoiding the censuring parent role and at the same time avoiding the role of an adult advocating illegal or self-destructive behavior. Some students suggest personal forms of blackmail such as, "If you tell any of this, I'll tell your son" or "If you only knew what your own kids were using." The temptation to reveal one's normal parental concern is obvious, but it may only be a testing procedure by the student sincerely seeking help. He is trying to discover your degree of prejudice against drug abuse.

The following recommendations in the report were adopted by the State Board of Education, effective August 25, 1971:

1. That the guidelines be edited for publication and distributed to the 24 local school systems with the request that the guidelines be adopted and used as written for a one-year period.

2. That the State Superintendent be directed to appoint a task force to review the validity of drug counseling guidelines and other disseminated information, to suggest needed modifications, and to propose State Board of Education action required by such changes after a one-year period of use.
3. That the State Department of Education be directed to undertake a program of dissemination of information to students, parents, and educators about current laws pertaining to drug abuse, about the rights and responsibilities implied by these laws (particularly those associated with the new law on confidentiality in drug counseling), and other such information as may be useful in creating the most beneficial atmosphere in schools for helping drug-involved youth. The program should be initiated prior to or concurrent with the beginning of the 1971-72 school year. Information pertaining to the Maryland Law on Drug Abuse contained in the guidelines should be disseminated to students and the general public.
4. That the State Superintendent be directed to request that the State Drug Abuse Administration classify fully certificated school counselors, registered school nurses, and vocational rehabilitation counselors employed in the schools as protected under the provisions of H. B. 531 (Chapter 780, Laws of Maryland, 1971) from court action arising from counseling with or treating drug-involved youth.
5. That the State Board of Education affirm clearly that educators who are acting within the provisions and intent of the educator-student drug confidentiality law shall be protected from administrative reprisal or action.
6. That the State Department of Education be directed to continue its several drug education programs for professional educators, students, and the community; and that the Department further provide specific inservice education in drug counseling for school counselors and other pupil services practitioners who will serve as resource persons in the schools.
7. That the State Department of Education be directed to include the revised publication, Some Facts About Drug Abuse, prepared by the Maryland Drug Abuse Administration in the materials to be disseminated to all educators.

Drug
Abuse
Education

A TITLE III, ESEA PROJECT
FERGUSON-FLORISSANT SCHOOL DISTRICT

1896 South Florissant Rd.
Florissant, Missouri 63031
Phone: 521-2000

January 3, 1973

Sent to: Ministers of all area churches

Recently this project has obtained a community education program entitled The Social Seminar from the National Mental Health Materials Center. The program is intended to enable adult members of our community to obtain a clearer understanding of the nature of drug abuse as well as some of its root causes. The program revolves around a series of 15 films developed under the sponsorship of the United States Department of Health, Education, and Welfare. These films are primarily intended to serve as catalysts for discussion, giving individual group members opportunities to exchange their points of view concerning drug abuse. I have attached a short description of the films.

The Ferguson-Florissant Adult Education School will offer The Social Seminar as a class beginning during the second week of February. A short description of this class is attached. If you could help us publicize the class by printing this notice in your church bulletin and/or newsletter we would very much appreciate it.

In addition, if you have any questions concerning this course please feel free to call me at 521-2000 (ext. 307 or 308). We would also be very happy to make individual presentations dealing with the problem of drug abuse to interested groups in your church. Churches are a vital force in our society's attempt to deal effectively with drug abuse.

Thank you very much for your help.

Sincerely,

George H. Friesen
Program Coordinator

GHF:cb
attachments

January 29, 1973

MEMORANDUM

TO: George Pressey, Perry Atkins, Ethel Nolte, Florence Smith

FROM: George Friesen

REF: Staff Member Attendance at Information and Communications Training Workshops

Attached are lists of those staff members who have not attended the Drug Abuse Project's Information and Communications Training Workshops. I thought it would be valuable for you to be aware of the status of various schools in your area in regard to staff attendance at these workshops. It could be assumed that teachers who have not attended the workshops, yet intend to utilize this curriculum, would need more help in the process of curriculum implementation than those who did attend workshops.

In addition, the project's research design makes necessary the identification of those teachers who are going to use the curriculum yet have not received specific training. Very shortly you will receive a memo from Bob Fritz explaining the project's research design and the types of information which we need to collect in order to implement this design.

I have also attached a listing of those supplementary materials which were to have been ordered in each area. As you will notice, the list is extensive and amounted to more than the district could afford to order during this school year. Those items on the list which are asterisked were presumably ordered this year and should be available in your area. If you have any questions about materials please give me a ring and I'll try to help you locate them.

attachments (2)

TO: ELEMENTARY SCHOOLS

SUBJECT: RECOMMENDED MATERIALS FOR DRUG EDUCATION PROGRAM

NOTE: ASTERISK INDICATES THOSE MATERIALS NEEDED TO INITIATE INSTRUCTIONAL PROGRAM.

PRIMARY

I. Books

The Creative Learning Group
Media Engineering Corp.
145 Portland Street
Cambridge, Mass. 02139

200-K--Sick & Well	$1.00 ea.
201-1--Drugs & You	1.20 ea.
202-2--Drugs in the Home	1.20 ea.
20303--Drugs in the Community	1.20 ea.
	$4.60/set

Library Books

Abelard-Schuman, Ltd.
257 Park Ave. S.
New York, N.Y. 10010
The Pile of Junk, M. Schlein, $2.75

Children's Press, Inc.
1224 W. Van Buren St.
Chicago, Illinois 60607
I Want to be a Doctor, Carla Greene, $3.00
I Want to be a Nurse, Carla Greene, $3.00

Coward-McCann & Geognegan, Inc.
200 Madison Ave.
New York, N.Y. 10016
Five Chinese Brothers, Claire H. Bishop, $3.64

Dial Press, Inc.
750 Third Ave.
New York, N.Y. 10017
What Can I Buy, Mickey K. Marks, $2.50

Heath
The Doctor, no record in library of this book--as teacher

Knopf, Alfred A., Inc.
Subs. of Random House, Inc.
201 E. 50th Street
New York, N.Y. 10022
    Mary's Marvelous Mouse, Mary F. Shura, $4.39
    The Travels of Marco, Jean Merrill, $4.39

Lothrop, Lee, & Shepard Co.
Div. William Morrow & Co.
105 Madison Ave.
New York, N.Y. 10016
    A Tiger Called Thomas, Charlotte Zolotow, $3.78

Pantheon Books
201 E. 50th Street
New York, N.Y. 10022
    Frederick, Leo Lionni, $3.95

Random House, Inc.
Order Dept.
Westminster, Md. 21157
    Animals do the Strangest Things, Leonora and Arthur Hornblow, $1.95
    Yertle, the Turtle & Other Stories, Dr. Seuss, $3.50

San Francisco Determined Prod.
San Francisco, California 92260
    Happiness is a Warm Puppy, Charles Schultz, $2.50 (1962)
    Happiness is a Sad Song, Charles Schultz, $2.50 (1967)
    (Ask teacher which of these books she meant to order.)

Viking Press, Inc.
625 Madison Ave.
New York, N.Y. 10022
    I Like to be Me, Bel Geddes, $3.50
    The Story of Ferdinand, Munro Leaf, $2.95

Textbook

Health & Growth, Books 1, 2, and 3
    Scott, Foresman & Co.

II. Filmstrips

*Britt Visual Aid Service
Webster Groves, Missouri
Phone No. 961-1105
    "Tales of the Wise Old Owl"
    Series 1, 2, and 3 — $57.00/series
    $171.00 total
    Recommend purchase of one set per area

Guidance Associates Pleasantville, New York 10570	
"What do You Expect of Others?" 320-893 cassette	$20.00
"You Got Mad--Are You Glad?" 340-917 cassette	$20.00
Marsh Film Enterprises 7900 Rosewood Drive Shawnee Mission, Kansas 66208	
"Drugs--Friend or Foe?" sound filmstrip	$15.00
Society for Visual Education	
F796-SAR "Manners About Manners" 6 strips and records	$49.50

III. Kits

*SRA-Self Awareness Kit Stage I	$110.00
American Guidance Assoc. DUSO Kit	

INTERMEDIATE

I. Textbooks   Approximate Cost

A. *Health: Book 1, 2, 3, 5
Second Edition
by Byrd, Neilson, Moore (1966)   NONE

Laidlaw Brothers
Division of Doubleday & Co., Inc.
Thatcher and Madison
River Forest, Illinois 60305

Please Note: This text should be available as it is used in the "Education for Family Living Program."

B. *Today's Basic Science
Navarra and Zaffaroni
(1963-67)
Harper and Row Publishers   NONE

Please Note: This text should be available.

C. *6 Basic Concepts of Tobacco #4700 $.96 $5.76
6 Basic Concepts of Drugs #4701 $.96 $5.76
6 Basic Concepts of Alcohol #4702 $.96 $5.76
Tobacco by Richard Needle
Drugs by Sumner, Needle, Hill
Alcohol by Needle, Hill
(1972)

Laidlaw Brothers
Division of Doubleday Inc.
Thatcher and Madison
River Forest, Illinois 60305

D. 3 The Good Drug and the Bad Drug $3.95 $8.89
by John S. Marr, M.D.   (see below)

J. B. Lippincott Company
Educational Publishing Division
East Washington Square
Philadelphia, Pennsylvania 19105

No. of copies	Rate of Discount
1	--
2-4	25%
5-49	29%
50-99	33%
100-199	35%
200-299	37%

E. 6 The Play is Yours: You and Drugs (R1001)
Lawrence S. Finkel and Ruth Krawitz
(1970) $1.19 $7.14

6 It's Really Up to You: You and Smoking (R1002)
Diane Gess (1970) $1.19 $7.14

6 It's Really up to You: You and Alcohol (R1003)
Dr. George Patterson (1970) $1.19 $7.14

Ramapo House
Division of Universal-Award House, Inc.
235 East 45th Street
New York, N.Y. 10017

F. 15 The Human Values Series $3.39 $49.85
Myself--Grade 1
Myself & Others--Grade 2
Our Values--Grade 3
*Values to Share--Grade 5
(1967) Student Edition
*Teacher's Edition $3.39 $3.39

Steck Vaughn Company
P.O. Box 2028
Austin, Texas 78769

G. *15 I Find, Follow, and Finish--Level 6 $3.39 $59.85
(1970)
*Teacher's Edition $3.39 $3.39

American Book Company
Div. of Litton Educational Publ., Inc.
300 Pike Street
Cincinnati, Ohio 45202

H. 1 set--The Cope With Books No price available
Complete set of 16 books

American Guidance Service, Inc.
Publishers Building
Circle, Minnesota 55014

Please Note: This could be a library purchase. Material could be catalogued into the Central Library and checked out to fifth grade teachers.

II. Filmstrips/Cassettes

A. *1 set TC100-SATC Drugs and You $51.00
set of 4 filmstrips, 2 back-to-back cassettes,
4 teachers guides

SVE--Society for Visual Education, Inc.
1345 Diversey Parkway
Chicago, Illinois 60614

B. *1 set T563-SATC Drugs and Your Health $21.00
Behind Your Physician's Prescription
Set includes 2 filmstrips and 2 cassettes

SVE--Society for Visual Education, Inc.
1345 Diversey Parkway
Chicago, Illinois 60614

C. Witchcraft to Modern Medicine
1-#06203 one filmstrip $20.00
1-#86203 one cassette $12.00

International Education & Training, Inc.
1776 New Highway
Farmingdale, New York 11735

D. 1 Alcohol: Decisions About Drinking
SVE Filmstrip and Record
#C790-2 (This is one of a series of 6 filmstrips and 3 cassettes.) TC790-STC recommended for Jr. and Sr. High and adults.
Full Series $57.00

E. The Choice is Yours
filmstrip and record
Available through Title III Office, McCluer High School Sta. 307

Guidance Assoicates
Pleasantville, New York

III. Library Books

A. Man: Pain and Drugs
#86301 $2.50

International Education & Training, Inc.
1776 New Highway
Farmingdale, N. Y. 11735

B. The Peyote Religion Among the Navaho
D. F. Aberle (1966)
No price available

Aldine Publishing Company
Chicago, Illinois

C. What You Should Know About Drugs $4.95
Gorodetzky and Christian

Harcourt, Brace and Jovanovich, Inc.
757 Third Avenue
New York, N.Y. 10017

D. Profiles in Courage
John F. Kennedy (1956)
Should be in school library

IV. Pamphlets

A. American Cancer Society
3726 Washington
St. Louis, Missouri - Phone No. 535-8496

#2042	Shall I Smoke?	Free
#2042	Smoke Cigarettes? Why? (1968)	Free
#2017	Where There's Smoke	Free
#2085	Your Health	Free

B. Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

#5021	Marijuana Fables and Facts	5¢ per copy $2.00 per 100
#1830	The Up and Down Drugs	5¢ per copy $3.25 per 100
#1828	LSD: Some Questions and Answers	5¢ per copy $3.25 per 100
#1827	Narcotics: Some Questions and Answers	5¢ per copy $3.25 per 100
#1829	Marijuana: Some Questions and Answers	5¢ per copy $3.75 per 100
#	Drug Dependence: Youth in Rebellion--An Historical Perspective	50¢ per copy
#	Traffic in Opium and Other Dangerous Drugs--prepared by United States Bureau of Narcotics	

C. Publication Sales Section
National Education Association
1201 Sixteenth Street, N.W.
Washington, D.C. 20036

#051-02102	Drug Abuse: A Primer for Parents	35 copies - $1.00

Pamphlets can be ordered on an area basis to secure 100 copies of each pamphlet. Cost pro-rated per school.

V. Teacher Resources

*A. Price List K-6 Drug Education Series

	Order No.	Grade	Title	Price
1	200	K	Sick and Well	$1.00
1	201	1	Drugs and You-I	1.20
1	202	2	Drugs in the Home-I	1.20
1	203	3	Drugs in the Community-I	1.20
1	204	4	Drugs and You-II	1.20
1	205	5	Drugs in the Home-II	1.20
1	206	6	Drugs in the Community-II	1.20
1	209		Complete Teachers Manual for the entire Series	2.95
				$11.15

The Creative Learning Group
A Division of Media Engineering Corporation
145 Portland Street
Cambridge, Maryland 02139

STAFF BULLETIN

ferguson-florissant school district

ol. 5, No. 23 Office of the Superintendent February 5, 1973

URRICULUM DAY - WEDNESDAY, FEBRUARY 7. All District staff members will articipate in Curriculum Day this Wednesday, February 7, at McCluer North High School, rom 8:30 a.m. to 3:30 p.m. More than 200 teachers will lead inservice sessions esigned to help all personnel become more aware of the District's K-12 goals, share ideas, nd study Ferguson-Florissant's total instructional program. All staff members should hav eceived a course program last Wednesday, January 31. Anyone not receiving the program hould contact the School Information Office, Administration Building, Station 202. PARKIN T MC CLUER NORTH will be limited. Arrangements for car pools will help alleviate the roblems. The Florissant Junior High School parking lot will be available and is within alking distance. Participants will eat lunch in the McCluer North Cafeteria during the [illegible] period. NOTE ON SESSION NO. 21: Any staff member planning to participate n Course No. 21, "Parent-Teacher Conferences", should bring a description of an actual arent-teacher conference to the session.

ISSOURI MUSIC EDUCATORS ASSOCIATION. The Missouri Music Educators Associatio et recently in Jefferson City. Dr. Wynne J. Harrell, District Director of Music Educatio s First Vice-President of the organization. The McCluer High School Band, currently reparing for a trip to Vienna, Austria this summer, performed for the Association under he direction of Ron Prose.

C CLUER HIGH SCHOOL ONE-ACT PLAY FESTIVAL. McCluer's annual One-Act Play [illegible] opens on Wednesday, February 7, at 7:30 p.m. in the McCluer M-5 Gymnasiu he Festival will run through Saturday, February 10. The One-Acts are all student directe nd include a variety of themes. Among the five short plays to be presented are, "Death [illegible]", "[illegible]", "Subway Circus", "Penelope", and an episode from "Plaza Suite". dmission is $1.00 in advance and $1.50 at the door.

[illegible] SUGGESTIONS. New and novel courses are always welcome in the Distri summer school program. If any staff member has such a course in mind and would like to ee it developed for summer school, please describe it briefly in writing to Walter Lauders, dministration Building. All suggestions will be carefully considered.

EORGE FRIESEN ELECTED PRESIDENT OF DRUG ABUSE COUNCIL. George Friesen, [illegible] coordinator of the District's Title III Drug Abuse Education Project, has been lected president of the Drug and Alcohol Abuse Council of Metropolitan St. Louis. Cou embership includes [illegible] agencies [illegible] drug abuse prevention and treatment [illegible]. The major function is to increase the effectiveness of individual member agenc hrough increased coordination and sharing of resources.

BEST COPY AVAILABLE

ILT EDUCATION CLASSES BEGIN THIS WEEK. District employees are reminded that ing Adult Education classes begin this week. Even though many of the classes are filled apacity, it is not too late to register for others. More information can be obtained from Adult Education Office, Station 358.

MMUNITY CHORAL SOCIETY MEETS TONIGHT. The Community Choral Society will h first rehearsal tonight. February 5, at Cross Keys Junior High. Room 264, from 8:00 p. :30 p.m.. Director of the group is Steven Curtis. The Choral Society is part of the lt School, and members who did not participate last semester are encouraged to join ght.

GRATULATIONS TO MC CLUER SCHOLARS. Fourteen seniors at McCluer High Schoo e been named University of Missouri Curators Freshman Scholars. The award is based rely upon academic achievement during the three years of high school work already pleted. Recipients may choose to attend any one of the University's four campuses-- umbia, St. Louis, Kansas City, or Rolla--with the full amount of incidental fee for the ool year waived during the freshman year. The McCluer recipients include: Bradley , Barbara Burns, Anne Cummings, Sharon Davis, Jeffrey Earl, Deborah Gower, Steve nilton, David Heine, Alan Holshouser, Elisabeth Hoover, Barbara Kerr, Cynde McDona rk Scarborough, and Mark Wilson.

INWOOD STUDENTS RECEIVE APPRECIATION. A fifth grade class at Robinwood Scho ht by Jack Parks and Jon DuBois, recently was visited by the Director of Nurses, iatrics Head Nurse, and Public Relations Director from Christian Hospital Northwest. hospital employees presented brief programs to the students, who recently worked to lect money for a donation to Christian Hospital Northwest. The money donated by the dents allowed personnel to purchase some badly needed small items.

ITED FUND DRIVE REACHES GOAL IN COUNTY SCHOOLS. Superintendent Warren M. wn recently was notified that the St. Louis County Schools raised $95,098 during the ted Fund Campaign this year. This figure represents 101% of the quota. Dr. Brown rved as Chairman of the County Schools section of the United Fund Campaign Education ision.

SCORES OF THE WEEK

ASKETBALL
Cluer N 32, Riverview 58
Cluer N 54, St. Charles 68

RESTLING
boys at McCluer North qualify
the regionals:
n Walston, Chuck Estrada, John Cowan.
Ferg. Jr. 15, Pattonville Holman 42

SOCCER
McCluer North 0, DeSmet 0
McCluer North 0, McCluer 1
McCluer 2, Hazelwood 1
Ferg. Jr. 0, Parkway S 0
Soph McCluer 2, Hazelwood 0

SWIMMING
McCluer N 56, St. Cha.
McCluer N 68, Patton

MEETINGS OF THE WEEK

d. Feb. 7 - Curriculum Day at McCluer North High School, 8:30 a.m. to 3:30 p.m.
d., Thurs, Friday, Sat.: McCluer One-Act Plays, 7:30 p.m. M-5 Gym.
ri., Feb. 10 - Halls Ferry Carnival, 12-6:00 P.M.

OR SALE: 1971 Honda No. 350, 3200 mi., clean $550, 867-1963
UB-LET APT. Whispering Lake, 2 BR, clean, mid March, 355-0248 after five.

STAFF BULLETIN

ferguson-florissant school district

l. 5 No. 26 Office of the Superintendent February 26, 1973

UR FILE FOR BOARD OF EDUCATION POSITIONS. Four residents of the District have
d as candidates for the Board of Education. In order of filing, they are: Norman E.
lff, 2480 Brook Drive, Florissant (incumbent); Ray Howell, 28 N. Clay, Ferguson;
arles Huke, 1415 St. Bernadette, Florissant; and Jack Bean, 1158 North Florissant,
rguson. Two directors will be chosen at the April 3 election to fill the expired terms of
rman E. Wolff, Board President, and Doyle Holliday. The candidates will be speaking
PTA and PTG meeting through the month of March.

MMER COURSE SUGGESTIONS. New and novel courses are always welcome in the
strict's Summer School Program. If any staff member has a course suggestion and would
e to develop and/or teach it, please describe it briefly in writing and send to Walter
uless, Administration Building. All suggestions will be considered carefully.

CLUER JAZZ LAB DINNER CONCERT. McCluer's Jazz Lab Band will present a
ncert in the M-1 gymnasium on Saturday, March 3, at 7:30 p.m.. A spaghetti dinner will
held in the M-2 Cafeteria at 5:30 p.m. prior to the concert. Reservations may be made
calling the McCluer M-1 office, extension 356. Admission is $2.50 for the concert and
ner and $1.00 for the concert. Proceeds will be used for the band's trip to Vienna,
stria, this summer.

HOLASTIC ART AWARDS. Students in the District made an outstanding contribution to the
73 Eastern Missouri Regional Exhibit of the Scholastic Art Awards held recently at the
wntown Famous Barr Company. Two of the five top winners in the exhibit are McCluer
dents, Steve McClay and Tom Uhlis. They are now eligible for a $100 prize for the best
wing or painting in Eastern Missouri. District students who qualified as Blue Ribbon
alists include: Christine Constant, Paul Arman, Jay Heckenkamp, Larry Martin,
ve McClay, Sandy Schaefer and Donn Sherman, McCluer; Barbara Bridges, McCluer
rth; Pam Lebesch, Florissant Junior High; Mark Allen, Tom Gunn and Debbie Kanne,
ss Keys Junior High. These students' works will be sent to New York for further
ging and possible including in the National High School Art Exhibition in May. In addition,
otal of 198 students from the District's two senior and three junior high schools won
d Key and Honorable Mention awards in the exhibit, sponsored by Scholastic Magazine.
rks by McCluer North student winners are currently on display in the school's Gallery 123.

SITIONS ON SUMMER SCHOOL STAFF. Staff members interested in teaching in the
trict's summer academic program may receive an application form from any building
ncipal. The completed application should be returned to Walter Lauless in the
ministration Building promptly.

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CONGRATULATIONS TO MC CLUER STUDENTS AND ALUMNI. McCluer High School senior Rob Jenner has been selected to perform at Six Flags Over Mid-America this summer. Former McCluer students Michelle Marshall, Chuck Gunkel, and Rusty Billingsley also will perform at the park's "Palace" and "Miss Kitty's".

STAFF MEMBERS TO LEAD EIGHT PROGRAMS DURING SLSTA CONVENTION. The annual St. Louis Suburban Teachers Association Convention will be held April 5, and 6, with area School Districts participating in numerous workshop programs. The convention will open on April 5 with an address by Maxine Greene, professor of education at Columbia University, New York, at Washington University's Graham Chapel at 7:30 p.m. . SLSTA programs held in the Ferguson-Florissant District are as follows:

1) Parent-Child Early Education Program and The Extended Day Kindergarten Leader: Miss Marion Wilson	Time: 9 - 10:30 a.m. and 1 - 2:30 p.m. Place: Walnut Grove School
2) The Right to Read Leader: Miss Anne Keence	Time: 9 - 10:30 a.m. Place: Walnut Grove School
3) It's Happening Through Movement Leader: Dan S. White	Time: 9 - 10:30 a.m. Place: Walnut Grove School
4) Parent Volunteer Aide Program Leader: Mrs. Gwen Keith	Time: 9 - 10:30 a.m. Place: Walnut Grove School
5) Drug Abuse and Values Development Leader: George Friesen	Time: 9 - 11 a.m. and 1 - 3 p.m. Place: Walnut Grove School
6) Outdoor Education Leaders: Mrs. Ethel Nolte and Perry Atkins	Time: 9 - 11 a.m. and 1 - 3 p.m. Place: Walnut Grove School
7) Learning Community School Model Leader: Robert Cowles	Time: 9 - 11 a.m. Place: McCluer North High School
8) Education Center Leader: Dr. Harold Salmon	Time: 9 - 12 noon Place: The Education Center

"POP" CONCERT TO BE HELD AT CROSS KEYS. Thursday, March 1 at 7:30 p.m., Cross Keys Junior High orchestra, 8th grade band, 8th grade choirs and girls chorus will present a "pop" concert for the families, friends and interested public. Directors of the group are Patricia Bacheldor, Steven C. Curtis and F. J. Weigand.

MEETINGS OF THE WEEK

Tues. Feb. 27	Walnut Grove PTA, 7:30 p.m.
Fri. March 2	Griffith School Carnival 6-9:30 p.m.

April 2, 1973

MEMORANDUM

TO: Florence Smith, Ethel Nolte, Perry Atkins, George Pressey

FROM: George Friesen

REF: Data Collection for Drug Abuse Project

Several weeks ago Dr. Fritz sent you a memo describing our project's evaluation plan. I think I have also discussed with you the fact that for purposes of evaluation we are dividing staff members into one of four groups. These groups will then be compared against one another as part of the evaluation process.

The four groups of staff members are:

1. Teachers who wrote curriculum during the summer.
2. Teachers who attended inservice training and did not write curriculum.
3. Teachers who are using the drug abuse curriculum but have received no drug abuse inservice training.
4. Teachers who are not using the drug abuse curriculum.

In order to plan for the data collection process we need to have teachers in your area categorized into these four groupings.

If you could do this within the next several weeks, I would very much appreciate it. I believe I sent you a listing of all teachers who had attended workshops. You should also have a listing of teachers who wrote curriculum last summer. If you do not have this list give me a ring and I'll send it to you.

If there is any way I can be of help in this process please don't hesitate to call me. Thank you very much.

April 3, 1973

MEMORANDUM

TO: Sent to: Teachers who worked on curriculum development

FROM: George Friesen

REF: Summer Curriculum Development

The school year is passing by rapidly and it's time once again to make plans for summer curriculum development. After getting feedback from a number of staff members who worked last summer on drug abuse curriculum development, it seems that the most appropriate time to utilize this coming summer would be from the 25th of June through the 9th of July. Prior to the 25th of June a number of staff members will be involved in other types of curriculum development workshops and we wanted to choose a period of time which would involve as little conflict as possible. The workshop will be held at McCluer North High School. Once again, the rate of pay for curriculum development will be $27 per day. Workshop sessions will start at 8:30 in the morning.

We should be able to have a very productive summer, as I think we did last year. The curricula that were developed have been utilized with a large number of students so we will have good comprehensive feedback concerning their relative effectiveness. In addition, we are in the process of revising the data collection instruments used last year so they more closely match the objectives of our curricula. These instruments will be used with randomly selected groups of students from all grade levels during the latter part of May and results will be available to us this summer.

So that we can complete planning I'd appreciate it if you could call our office (Ext. 307 or 308) by the 16th of April confirming the fact that you will be able to participate in curriculum development during this coming summer.

If you have any questions, please give me a ring.

April 24, 1973

MEMORANDUM

TO:

FROM: George Friesen

REF: Results of April 7th Workshop

Attached are copies of items which were generated at our workshop on April 7th. As you will notice, we came up with a large collection of suggested additional items for both primary, junior high and senior high students. The process that we need to engage in now has to do with screening these items, deciding where these items should be placed in the finished survey instrument, and deciding which items from the survey instrument should be eliminated.

While I know that all of you have busy schedules, to the extent that it is possible, it would be helpful if you could read over these items to see if there are any changes that might have occurred to you since we were together working on them, and also consider which items might be eliminated from the survey instrument itself. For your reference, I have also attached a copy of the elementary and secondary survey instruments.

It seems to me that we had a very productive day together. As a result of our work, the survey instrument which will be administered during the last week of May should give us much more accurate feedback concerning the effects of the curriculum that we wrote last summer.

In the event that you do have an opportunity to look over the new items we developed, either indicate changes you would recommend in writing and send them to me through inter-school mail or give me a ring at 307.

Thanks.

May 8, 1973

MEMORANDUM

TO: F. Smith (Vogt), E. Nolte (W. G.), P. Atkins (C. L.), G. Pressey (W)

FROM: George Friesen

REF: Listing of Materials Purchased to Supplement Elementary Drug Abuse Curriculum

Attached is a listing of those materials which elementary principals were requested to purchase by those of us who wrote the drug abuse curriculum last summer. As you know, individual schools could not afford to purchase all of these items since their total cost is over $900 and the principals had agreed last year to allocate $250 for the purchase of such materials. The items on the attached list which have an asterisk next to them were those items which we considered to be the most necessary in terms of being able to initiate use of the curriculum.

There has not been consistency between schools concerning the types and numbers of materials ordered, nor did we think that there would be. We do need to know exactly what materials and how many of these materials are available in each area. My understanding is that once again it has been recommended that the elementary principals allocate $250 for the purchase of supplementary drug abuse education materials during the 1973-74 school year.

Using the attached list as an outline could you please indicate exactly what materials are available in your area, how many of these materials are available, and in what school they are located. We need this information to use during the summer curriculum workshop.

Thank you very much for your help.

GF:cb

STAFF BULLETIN

ferguson-florissant school district

Vol. 5 No. 39

Office of the Superintendent

June 4, 1973

MC CLUER GRADUATION TONIGHT. A total of 1,345 seniors will receive diplomas at graduation ceremonies tonight, June 4, at 8:00 p.m. in Kiel Auditorium. Class vale-dictorian is Barbara Burns and salutatorian is Mark Scarborough.

MC CLUER NORTH TEACHER RECEIVES SCHOLARSHIP. David Roth, science teacher at McCluer North High School, has been notified that he is the recipient of a Bell and Iowell Scholarship Award for "recognition of outstanding service in the performance of assigned teaching duties in applied and physical science." This is Mr. Roth's first year with the Ferguson-Florissant District.

BERMUDA TEACHERS HONORED. Elizabeth Pekkala and Mary Jo Kohlberg of the Bermud School teaching staff recently were informed that they have been named to the list of 'Outstanding Teachers of America." They are now in competition for one of five $500 rants to be awarded by the Outstanding Elementary Teachers of America program. mong the program's advisors are Doug Blankenship, past president of the U. S. Jaycees; Vil Rose, president of Involvement; Elvis J. Stahr, president of the National Audubon ociety; and James W. Becker, director of the Instruction and Professional Development Iational Education Association.

ECEIVES PH. D. McCluer High School English teacher Stephen Fulbright recently eceived a Ph. D. in English History from the University of Missouri at Columbia.

OURNAMENT WINNERS. Harold Salmon and John Hughes took first place in the istrict tennis tournament last Saturday, June 2. Garry Boyd and Bruno Bucari were econd place winners. Winners of the annual golf tournament last Thursday were Don one, first; Herb Schettler, second; and Helen Crawford, women's winner in the scratch ivision. Handicap winners were Jane Helbig, first, and Janet Evans, second.

TUDENT HONORS. Florissant Junior High student Tom Franke has received a third ace award in the 1973 National Scholastic Creative Writing Contest for his article on a ational Junior Olympics Championship Basketball Game. Other Florissant Junior High udents, George Saum, Amy Swehla, and Sue Keifer received awards from the American ssay Contest, and Pam Lebesch received an Honorable Mention Award from the National holastic Art Awards.

MCA VOLUNTEERS NEEDED. The North County branch YMCA is asking for teacher lunteers to lead a number of summer programs for teenagers. Areas of special need clude: chaperones, "Y" Club advisors; trip leaders (biking, canceing, backpacking); orts referees, and skill instructors. Evan a small amount of volunteer time will be preciated. If interested, call Bill Landwehr at 521-1822.

FREE DRUG EDUCATION COURSES. The St. Louis College of Pharmacy will once again offer courses in drug education for elementary and secondary school teachers next fall. The sessions are held from 7:00 to 10:00 p.m. on either Tuesdays or Thursdays for 11 weeks and will begin in late September. At this time College of Pharmacy officials expect that this is the final such session the institution will be able to offer. Two hours of college credit are granted upon completion of the course and there is no charge for the course. Interested teachers should call station 233 as soon as possible, since the district must make a firm reservation with the College of Pharmacy by June 30. The College also requests that the majority of our reservations be made for teachers on the elementary level. For further information on the program, call 367-8700.

MC DONNELL PLANETARIUM OFFERS TEACHING COURSE. A college credit course intended to give elementary teachers a better understanding of astronomy and to assist them in planning and presenting basic astronomical and space science material to their students will begin Monday, June 11, at 6:00 p.m. at the McDonnell Planetarium, 5100 Clayton Road, St. Louis. Fee for the two-week course is $87.00. Registration will be held from 6:30 to 7:30 p.m., Tuesday, June 5 in Room 126 of the J. C. Penney Continuing Education Building at UMSL.

FOREST PARK COLLEGE OFFERS SPANISH STUDIES PROGRAM. Forest Park Communit College will transport several of its summer Spanish courses to the Instituto Cultural Guadalajara in Guadalajara, Mexico this summer. The Mexican program, which will run from July 7 to August 11, is open to any resident of the Junior College District. Students will take one course (four credit hours) of intensive Spanish language instruction at either the elementary, intermediate, or advanced level, depending on the student's ability. In addition, enrichment courses including Spanish guitar, Mexican cooking, or Indian architecture will be offered. Deadline for application is June 22. For further information contact Miss Tommye Fleming at 644-3300, extension 266.

SYMPHONY AT CIVIC CENTER. The St. Louis Symphony, conducted by Leonard Slatkin, will perform at the Florissant Civic Center this Tuesday, June 5, at 8:00 p.m. The program will include selections from Brahms, Debussy, Strauss and Mendelssohn. Regular tickets are $2.00 and $3.00 and may be obtained through calling Florissant City Hall, 921-5700, extension 24. Special $12.50 tickets which include an informal champagne reception for members of the symphony and Mr. Slatkin after the concert are also now on sale.

PRE-ORIENTATION WORKSHOPS. A series of workshops for elementary teachers will be conducted in the district August 21 through 24, just prior to regular orientation sessions fo next term. Workshop titles include: 1) Making Math Fun for Primary and Intermediate Grade Teachers; 2) The Breakthrough Program to Aid Disabled Readers (4th grade); 3) The SWRL Reading Program (K-beginning primary); 4) Discovering with Science; and 5) Orientation Program for New Teachers. Elementary staff members will receive fliers providing more details on the workshops this week.

HAVE A GREAT SUMMER VACATION!

INDOOR AND OUTDOOR PAINTING SERVICE. Call Steve Chancellor at Griffith School or home at 839-2675 for free estimate.

FOR SALE: House, three bedroom, 2 bath, finished basement in Robinwood area.
Phone 837-5908.

FOR RENT: Apartment in Ft. Lauderdale, Florida, fully furnished, sleeps 6. Available
for month of June. Phone station 345 or TE1-7067.

PROJECT STAFF PRESENTATIONS

Presentations to Community Members: Project Year 02

Washington University Guidance Seminar	August 14, 1972
Rosary High School	August 24, 1972
Salem Lutheran Church School	August 25, 1972
KXOK Radio (half-hour interview)	September 18, 1972
Duchesne Mothers' Club	September 27, 1972
Halls Ferry PTA Executive Board	October 2, 1972
DeSmet School PTA Executive Board	October 3, 1972
Central School PTA Executive Board	October 3, 1972
Walnut Grove School PTA Executive Board	October 3, 1972
Bermuda School PTA Executive Board	October 3, 1972
Robinwood School PTA	October 5, 1972
Midwest Region -- National Science Teachers' Association Convention	October 7, 1972
Lee Hamilton & Combs PTA Executive Boards	October 10, 1972
Halls Ferry PTA	October 10, 1972
Duchesne PTA	October 10, 1972
R-2 Advisory Council	October 10, 1972
Parker Road PTA Executive Board	October 17, 1072
Mark Twain PTA	October 17, 1972
Bermuda PTA	October 17, 1972
Combs School Mothers' Club	October 23, 1972
Walnut Grove PTA	October 23, 1972
Wedgwood PTA	October 23, 1972
Commons Lane PTA	October 24, 1972
National Mental Health Materials Center Training Workshop	October 25, 1972
Vogt PTA Executive Board	October 26, 1972
Griffith PTA Executive Board	November 7, 1972
Robinwood PTA	November 7, 1972
St. Francis DeSale High School	November 13, 1972
Graham PTA	November 15, 1972
Florissant Junior High PTA	November 16, 1972
DeSmet PTA	November 21, 1972
Lee Hamilton PTA	November 21, 1972
Central PTA	November 21, 1972
Griffith PTA	November 28, 1972
R-2 Advisory Council	November 29, 1972
St. Louis University Medical School	December 1, 1972
North County (Scoutmasters)	January 5, 1973
Waring School (St. Louis Public Schools) 6th graders	January 10, 1973
McCluer North High School -- Family Living Class	January 11, 1973

Central School PTA	January 16, 1973
Cool Valley PTA	January 16, 1973
Duchesne School Mothers' Club	January 24, 1973
Robinwood School Parents	January 25, 1973
McNair School PTA	February 6, 1973
Good Shepherd Social Seminar (10 evening sessions)	February 14, 1973 - April 25, 1973
Windsor Park Community Improvement Association	February 19, 1973
Archdiocesan Elementary Principals (North County)	February 27, 1973
Graham School Mothers' Club	February 28, 1973
Ferguson Kiwanis Club & Ministerial Alliance	February 29, 1973
Lindbergh School District Counselors	March 5, 1973
Zion Lutheran School	March 7, 1973
Atonement Lutheran School	March 8, 1973
Faith Christian School	March 9, 1973
St. Thomas the Apostle School	March 14, 1973
North County Day School	March 19, 1973
Vogt School PTG	March 20, 1973
Our Lady of Fatima Men's Club	April 2, 1973
Graham School Social Seminar (10 evening sessions)	April 5 - June 7, 1973
Suburban Teachers Association Workshop	April 6, 1973
Explorer Scouts	April 11, 1973
St. Dismas Women's Club	April 12, 1973
National Catholic Guidance Counselors	April 16, 1973
Belleville East High School	April 24, 1973
St. Thomas More School	May 3, 1973
Maryville College, Women's Crusade Against Crime	May 9, 1973
Scott AFB Parent Workshop	May 24, 1973
WIL Radio (half-hour interview)	July 1, 1973
KXOK Radio (half-hour interview)	July 22, 1973

COOPERATION WITH OTHER AGENCIES

REVENUE SHARING HEARINGS

DRUG AND SUBSTANCE ABUSE COUNCIL
OF METROPOLITAN SAINT LOUIS
A VOLUNTARY PARTNERSHIP FOR INFORMATION SHARING AND COLLECTIVE PLANNING
1118 HAMPTON AVENUE, ST. LOUIS, MO. 63139
PHONE (314) 781-9070

April 19, 1973

TO: St. Louis County Council

FROM: Board of Directors--Drug and Substance Abuse Council of Metropolitan St. Louis

REF: Use of Federal Revenue Sharing Funds to Support St. Louis County's Attack on Drug Abuse

The Drug and Substance Abuse Council of Metropolitan St. Louis was organized in 1970 for the purpose of information sharing, cooperative programming, and collective action. There are currently 62 member agencies. The Drug Council shares the deep concern felt by most county residents concerning the fact that despite affirmative action by both governmental as well as private agencies, drug abuse in the county continues unabated. The Drug Council believes this lack of success to be largely a function of the fact that as a community we have taken a band-aid approach to a situtation which can be accurately described as an epidemic. Too many of our responses have been after the fact, dealing with results rather than causes.

Fortunately, evidence is mounting that federal, state, and local governments are in the process of moving beyond stop-gap measures to a coordinated, comprehensive approach to the alleviation of drug abuse. At the federal level, the President's Special Action Office for Drug Abuse Prevention has directed that all states must develop a comprehensive state-wide plan for the prevention of drug abuse. The Missouri Division of Mental Health has been designated by the Governor as the single state agency to have responsibility for the coordination of drug abuse programs in this state and is in the process of developing the plan required by the federal government. At the local level the Drug and Substance Abuse Council is developing that portion of the state plan which will apply to the Metropolitan St. Louis area. While support for this planning process is coming from the federal government, the plan itself is being developed by state and local agencies.

This is exactly consistent with the concept underlying revenue sharing. This concept would suggest that local governmental units like the County Council can better respond to the needs of citizens than more distant agencies. The Drug and Substance Abuse Council believes that the needs of all citizens of St. Louis County will be carefully considered in scheduling the funds from the revenue sharing plan. We believe that these funds will be distributed in such a way as to make specific inroads toward the solving of those various social problems which drug abuse symptomizes.

In addition to using these revenue sharing funds to enhance the general quality of life in this county and thereby eliminate some of the causes of drug abuse, the Drug and Substance Abuse Council believes that there are two specific areas of immediate need related to drug abuse prevention and treatment which could be met with a minimal amount of support from revenue sharing sources.

1. Training of Emergency Room Personnel

   A growing number of county residents are brought to the emergency rooms of our major hospitals. Too often emergency room personnel have neither the full knowledge or experience needed to handle acute drug crisis intervention cases. Since the center of county health facilities is the St. Louis County Hospital, the Council is urged to consider the use of revenue sharing funds to support a training program for the doctors, nurses, and paramedics of the County Hospital to the end that all emergency cases can be adequately handled. It is estimated that a sum of $50,000 spent over the next five years could effectively meet this need. This training program would draw on the talent and expertise of our two medical schools, the St. Louis City and St. Louis County Medical Societies, and the Drug and Substance Abuse Council of Metropolitan St. Louis. Once a nucleus of trained staff is available they could self-perpetuate the program by training those who join the staff of the hospital. In addition, they could engage in a continual review and up-dating of current knowledge as to ways of handling the misuse of drugs, one of our major medical crises.

2. Training Programs to Increase our Understanding of the Social Dynamics of Drug Abuse.

   One of the major barriers to any individual's (parent, law enforcement officer, teacher, physician, etc.) ability to communicate with youthful drug abusers is an inability to understand those social factors which precede drug abuse and seem to be a part of the drug abuse syndrome. There is a growing recognition in schools, for example, that the factual approach to drug education has simply been ineffective. There is growing evidence which would suggest that for individuals to effectively deal with drug abuse it is necessary that they have opportunities to: 1) examine carefully their own attitudes toward abuse and the drug abuser, 2) understand those values and attitudes which are commonly held by individuals who use drugs. A training program developed by the National Institute of Mental Health entitled the Social Seminar has proved to be effective in helping meet these two needs. It consists of a series of fifteen films and other supporting printed material which can be tailored to training programs of from ten to twenty-five hours in length. The cost of the total Social Seminar package is $974.50. This cost includes a training program for community members who would later be Social Seminar leaders. This training program is conducted by staff members of the National Mental Health Materials Center, distributors of the Social Seminar.

This program would not only be helpful in the training of individuals directly associated with drug abuse prevention and treatment (law enforcement officers, physicians, educators, psychologists, social workers, etc.) but would also be very valuable for use with parents. The Drug and Substance Abuse Council suggests the purchase of ten Social Seminar Training Programs at a total cost of $9745.00. The coordination of the intensive training effort which would be possible were these materials available could be a function of any one of several county agencies including the St. Louis County Health Department, the Juvenile Courts, or the St. Louis County Police Department.

We appreciate this opportunity to give input to the County Council concerning the distribution of revenue sharing funds.

George H. Friesen
President, Drug and Substance Abuse Council

Robert Deitchman, M.D.
Vice-President, Drug and Substance Abuse Council

April 27, 1973

Mr. Lawrence K. Roos
Supervisor, St. Louis County
7900 Forsyth
Clayton, Missouri 63105

Dear Supervisor Roos:

I'd like to take this opportunity to convey to you the real pleasure I felt as a result of our meeting on April 24. It seems to me that this meeting was one more example of the fact that our community is in the process of turning the corner in terms of it's ability to successfully counteract drug abuse. I believe we have the resolve to energetically pursue those programs which will lead to this end. I certainly observed this resolve in you and members of your staff.

We were very pleased with your decision to support the planning and implementation of a training program for emergency room personnel. While this is one small step in terms of the total problem, it will be of significant aid to some unfortunate victims of drug abuse. And progress, in the final analysis, is a result of a whole progression of small steps. Nothing happens if all action waits upon that one giant leap which will solve all problems for all people.

It seems to me that the frustration felt by many people concerning drug abuse is a result of many of us being victimized by the illusory notion that the "one solution" should have arrived. The recriminations which have grown out of this false hope have been very destructive.

I anticipate that the plan being presently developed by the Drug and Substance Abuse Council will give meaningful unity and direction to the small steps that must be taken. One of the side effects of this plan should be that in the future there will be less questioning of motives and more candor about methods.

Your deep interest in the development of this plan is very helpful. We appreciate the trust you placed in the Drug and Substance Abuse Council and, on our part, will do everything possible to live up to that trust.

After a draft of the plan is completed, it would be very helpful if we could once again meet with you to solicit your reactions to the plan, especially in regard to those specific suggestions we will be making concerning ways in which county and city government should be involved. It seems to me, for example, that because the problem of drug abuse is one which respects no boundaries, that this issue is one in which there is certainly a compelling need for city-county cooperation. I would also imagine that a general atmosphere exists which should make such close cooperation quite productive.

Once again, thank you very much for your help and we will be keeping your office informed concerning our progress in developing that portion of the state drug abuse plan which applies to the Metropolitan St. Louis area.

Sincerely,

George H. Friesen
President
Drug and Substance Abuse Council

POSITION STATEMENT ON EDUCATION

DRUG AND SUBSTANCE ABUSE COUNCIL
OF METROPOLITAN SAINT LOUIS
VOLUNTARY PARTNERSHIP FOR INFORMATION SHARING AND COLLECTIVE PLANNING
1118 HAMPTON AVENUE, ST. LOUIS, MO. 63139
PHONE (314) 781-9070

Sent to: All School Superintendents in Metropolitan St. Louis area

The Drug and Substance Abuse Council is an organization which includes in its membership representatives of fifty-six metropolitan St. Louis drug abuse prevention and treatment programs. The Council's two major functions have been to: 1) enable member agencies to become better acquainted with policies and procedures utilized by other agencies, and 2) increase the effectiveness of member agencies as a result of this increased coordination and sharing of resources and expertise.

While the Council has devoted much of its attention to drug abuse treatment programs, it does recognize that our society must give major attention and support to prevention programs if it is to significantly alleviate drug abuse on any long-term basis.

Educational institutions are one of the primary resources available in our society for the effective prevention of drug abuse.

To aid schools in developing new drug abuse education programs, or evaluating existing ones, the Drug and Substance Abuse Council has developed the attached "Position Statement on Education."

EXECUTIVE COMMITTEE
JAMES A. HALIKAS, M.D., President
FRANK MERCER, PH.D., Vice-President
WILLIAM HARVEY, PH.D., Vice-President
JOSEPH RULO, Secretary
JOHN LUCKS, Treasurer
R. RAYMOND KNOWLES, M.D., Member At Large
ALAN BROWN, Member At Large
KERMIT BROADFIELD, Member At Large
SAMUEL BERNSTEIN, Ex-Officio

This position statement is not unique. The ten specific educational concepts which it supports were developed by the National Institute of Mental Health in 1969. We do believe however, that the Council's strong endorsement of this statement--its unqualified commitment to the concepts stated in this position paper--is somewhat unique. It represents a happy break with past fragmentation of drug abuse prevention and treatment programs. Too often prevention programs have operated in relative isolation from treatment programs, educators from physicians, etc.

The Council believes that successful alleviation of drug abuse depends upon fully coordinated efforts. To the extent that individuals and agencies representing many different treatment and prevention programs can share their resources, they will be successful. This position paper is an initial result of such shared efforts.

We would like to build on this start. In the near future, a member of the Council will be contacting you. His goal will be to: 1) solicit your reactions to the Position Paper on Education; 2) describe various services the Council could offer in the area of staff in-service training and curriculum development; 3) explore the possibility of your district becoming a fully participating member of the Council.

By sharing our collective insights and resources, we all have much to gain. The beneficiaries will be fellow human beings who have fallen victim to a disease that respects no boundaries.

Sincerely,

James A. Halikas, M.D.
President

George H. Friesen and Donald P. Tielke
Co-Chairmen, Education Committee

POSITION STATEMENT ON EDUCATION
ST. LOUIS DRUG AND SUBSTANCE ABUSE COUNCIL

Within the last ten years the United States has witnessed what appeared to be a simultaneous birth and growth of various social phenomena which at first glance seem antithetical of a wide range of traditionally cherished values and beliefs. Assassinations, riots in our cities, crime in our streets, upheaval and revolution on our college campuses, an unprecedented challenging of the laws of God and man, a militancy for change by our youth and ethnic minorities, and the widespread use of drugs by persons of all ages and socio-economic groups have become almost commonplace. In response, with typical American enthusiasm, drug abuse was singled out to be labelled as "the social problem." Problems of poverty and racism had had their day in the limelight of public concern and were relegated to the arena of plain hard work bordering on drudgery. Further, public reaction, approaching mass hysteria, fanned by the sensationalism of the news media, and hardly discouraged by the "experts" and their confusion, demanded that something be done. Drugs became symbolic of all the ills and evils of our society and somewhat illogically long hair and revolution became symbolic of drug abuse.

In a flurry of activity community meetings were held, laws were passed with more stringent penalties which amounted to unrealistic proportions, and a plethora of treatment programs sprung up and grew like mad.

It seems that the problem of drug abuse has hit the crest of its wave and soon must be dealt with along with poverty and racism by sheer hard work. It seems to be a time for a breather, a time for reassessment and evaluation, a time for objectivity instead of emotionalism, a time for mutual cooperation to replace self-serving and bickering.

Law enforcement, by and large, has failed to stop the flow of illegal drugs and laws have failed as a deterrent. Treatment and rehabilitation efforts offering a variety of approaches have had as much success as applying band-aids on a malignant cancer. Educational programs, hailed as the new panacea in the prevention of drug abuse have been less than effective. Perhaps at this stage we could agree with the statement of Dr. Andrew T. Weil, "Ironically, society's efforts to stop drug abuse are the very factors causing drug abuse. There really is no Drug Problem at all, rather a Drug-Problem Problem."[1]

---

[1] A Report to the Ford Foundation: p. 342

The Education Committee of the Drug and Substance Abuse Council has taken the position that efforts to educate all segments of society is extremely important. We believe that these efforts must be expanded beyond the Drug Problem and deal with the Drug-Problem Problem.

Educational attempts to overemphasize the horrors of addiction without discrimination between drugs in an effort to scare kids from using drugs are seen as futile and counterproductive.

Any educational program must have clear-cut goals. Educational goals which are valid, well defined, and attainable will then direct the shaping of content and teaching techniques. More and more there seems to have been an evolution of goals. The "scare" approach gave way to the "tell it like it is" approach but still having the common goal of prevention of experimentation or complete cessation of doing drugs. An emerging goal, although still controversial, is to educate the community and youth in particular about the importance of development and belief in human values both for the individual as well as for society. Concomitant with this is the teaching of youth to make informed decisions not only about drugs but about all activities of daily life.

Consequently we strongly endorse some basic educational concepts outlined by the National Institute of Mental Health in November of 1969:

1. Effective drug education should take into consideration that we live in a drug-using society. People look to drugs to alleviate a host of physiological, psychological and social discomforts, with varying degrees of success. Young people brought up on television have been told that pills reduce anxiety and tension, provide buffers for everyday living, perform other near miracles. There is a relationship between the advertisements of tranquilizers to face daily living, liquor for celebration, and the use of marijuana at a rock concert.

2. Some young people of all income levels adopt the theory that using marijuana is not vastly different from the use of alcohol, tobacco or pills. Educational efforts that do not cover the entire spectrum of drugs, including tobacco and alcohol, strike students as examples of adult hypocrisy and deafen young ears. On the other hand, good response has been reported to education that gives the facts about drugs, and distinguishes between drug use, misuse, and abuse.

3. Young people, in relation to drugs, can be categorized as 1) those who will not abuse drugs or can easily be prevented from doing so, 2) experimenters, 3) abusers. Just where the emphasis should be in education about drugs depends on the age of the students and the situation in a particular school. Many educators today acknowledge that experimentation is widespread and needs top attention against abuse.

4. Surveys show that motivations for drug abuse among the young are varied and frequently complex. Among them are: peer influence, desire for kicks, escape from feelings of inferiority, relief from routine lives, easing of pain from adolescent problems. To many young people, the old-time rituals of religion, country, family, and school have lost their appeal--and drugs, astrology, youth subculture, are among the substitutes. Educational emphasis should be on ways of coping with youth problems rather than on picturing drug users as "depraved" individuals, which has proved to be ineffectual.

5. Untruths, exaggeration, sensationalism, and moralizing kill the effectiveness of drug education. If 20 percent of the students in a classroom of 50 have used a drug, there are at least 10 students carefully measuring the teacher's words against empirical knowledge. At least 30 students will know the 10 as users and be briefed by them. With 40 of the audience of 50 in good position to judge the accuracy of a teacher's statements about a drug he probably never has tried any discrepancies will be quickly noted and used to breed distrust of the total presentation.

6. Some drug use in school presumably stems from disaffection with the educational process. An interview with one student illustrates this. Asked, "Do many kids go to school stoned?" the student's reply was "yes." The next question was, "Doesn't this impair your efficiency in school?" The answer, "Of course." After that, "Well, why do you do it?" His answer was, "I wouldn't be able to stand school any other way." This student's problems were not drugs per se, but an unfavorable home-school environment.

7. An "all school" program is no way to conduct drug education. The normal rules of school are suspended, all classes stop, students assemble, people are invited from the community and one or two films--often sensational or lurid and more likely to breed drug use than to suppress it--are shown. This is "why it's dangerous to use drugs" approach is likely to make many teenagers feel that if they haven't tried drugs they're missing something.

8. Young people delight in pointing out the inconsistencies across the country in drug legislation and enforcement, and while they should be informed of the penalties of drug possession and use, nothing is to be gained from tying to defend the inconsistencies of drug legislation. The fact that court records can jeopardize careers in teaching, medicine, law, and government may have some effect on college students. However, with most youths threats make no impressions. They argue that the adult community commits legal transgressions so why shouldn't we?

9. In distinguishing between drug use and abuse, a useful definition for educators is that abuse occurs when a drug is used in such a manner as to interfere with community-accepted standards of economic, social, psychological, or physical well-being. It is important to recognize that many substances have abuse potential--glue, aspirin, salt, sugar, etc.

10. The basic deterrents to drug use are evidently not directly connected with drugs. Among these are: interest and participation in school programs; alternatives to drug use offered in the home and community; areawide to nationwide actions on issues in which youth are concerned. Youth's need to be involved in the current scene starting at the primary school level must be recognized by educators. They can cite evidence that drug abuse can be highly detrimental to the individual as well as destructive to the public welfare and advancement. If in addition drug education moves toward encouraging communication between young people and adults, it can accomplish more.

The Drug and Substance Abuse Council commends these guidelines to educators for use in giving direction to the development of new programs as well as the evaluation of existing ones.

The single premise which underlies each of these recommendations is that drug abuse is not a problem, but rather a symptom of a problem. The underlying problem which drug abuse symptomizes may be any one of a number of complex social factors which cause stress. Some current efforts in drug abuse education still define and approach their subject population by symptom rather than cause, by the object of abuse rather than the disposition to abuse, by the styles of abuse rather than the nature of abuse. In some instances the assumption seems to be that if only given "correct" data, the individual will make intelligent decisions. Unfortunately, correct data alone has not been shown to modify drug abuse behavior. The most dramatic example of this fact is that more cigarettes are smoked in the United States today than prior to the issuance of the Surgeon General's report on the effects of smoking.

As the guidelines issued by the National Institute of Mental Health imply, what educational institutions need to develop is a comprehensive curriculum of mental and physical health. Included in this should be an examination of how students' attitudes and needs are shaped by their environment, what students' values are, how their values correlate with behavior, and the extent to which decision-making abilities are being nurtured. The long-range goal of this effort should be to assist the individual to enhance his life in a positive manner--to help each student develop a healthy self-image by providing a whole series of sequentially ordered activities which allow him to fully value his unique abilities through experiencing the ways in which these abilities are needed by other people.

DRUG AND SUBSTANCE ABUSE COUNCIL
OF METROPOLITAN SAINT LOUIS
A VOLUNTARY PARTNERSHIP FOR INFORMATION SHARING AND COLLECTIVE PLANNING
1118 HAMPTON AVENUE, ST. LOUIS, MO. 63139
PHONE: (314) 781-9070

February 12, 1973

Sent to: All School Superintendents in Metropolitan St. Louis area

Recently you received from the Drug and Substance Abuse Council a "Position Paper on Education". As we indicated in the letter to which this Position Paper was attached, we believe it would be very beneficial if a member of the Council could call on you in the near future. His goals would be to: 1) solicit your reactions to the Position Paper on Education; 2) collect information concerning those types of staff inservice training which you would find most beneficial in the area of drug abuse education; 3) explore the possibility of your district becoming a fully participating member of the Council.

In the near future, Mr. Steve Kirn, a member of the Council, will be calling you to set up an appointment. Mr. Kirn is also a staff member of the Malcom Bliss Mental Health Center.

We very much appreciate any time you are able to devote to the process of helping us better coordinate drug abuse education and treatment efforts in the Metropolitan St. Louis area. Certainly to the extent that we are able to share our collective insights as well as resources, we all stand a much better chance of effectively alleviating this serious social problem. Thank you for your help.

Sincerely,

George H. Friesen
President

GHF:cb

COMMITTEES:
AERONAUTICAL AND SPACE SCIENCES
ARMED SERVICES
FOREIGN RELATIONS
APPROPRIATIONS, EX OFFICIO
JOINT ATOMIC ENERGY
DEMOCRATIC POLICY
DEMOCRATIC STEERING

STUART SYMINGTON
MISSOURI

STANLEY R. FIKE
ADMINISTRATIVE ASSISTANT

United States Senate
WASHINGTON, D.C. 20510

January 17, 1973

Dr. James A. Halikas, President
Messrs. George H. Friesen and Donald P. Tielke
Co-Chairmen, Education Committee
Drug and Substance Abuse Council
1118 Hampton Avenue
St. Louis, Missouri 63139

My dear Friends:

Acknowledging your letter of January 11, along with the Council's position statement on drug abuse, I appreciate having your thoughts and will certainly keep them on hand for appropriate future reference.

With every good wish,

Sincerely,

Stuart Symington

SS:sm

BEST COPY AVAILABLE

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United States Senate
COMMITTEE ON
LABOR AND PUBLIC WELFARE
WASHINGTON, D.C. 20510

February 12, 1973

James A. Halikas, M. D.
President
Drug and Substance Abuse Council
1118 Hampton Avenue
St. Louis, Missouri 63139

Dear Dr. Halikas:

I have received a copy of your position paper on Drug Abuse Education and I appreciate your taking the time to send me a copy. I know that I will find it quite useful.

With best wishes,

Sincerely yours,

Tom Eagleton

Thomas F. Eagleton
United States Senator

TFE:[illegible]

Parkway SCHOOL DISTRICT
455 NORTH WOODS MILL ROAD • CHESTERFIELD, MISSOURI 63017

OFFICE OF THE SUPERINTENDENT
HEmpstead 4-8412

January 15, 1973

Dr. James A. Halikas
Drug and Substance Abuse Council
1118 Hampton Avenue
St. Louis, Missouri 63139

Dear Dr. Halikas:

Thank you for sending a copy of the position statement on education related to drug abuse.

I have made copies available to principals, drug abuse education resource teachers, counselors and committees in all schools in Parkway.

The council should be commended for its work in this important area.

Sincerely yours,

Wayne Fick

Wayne Fick
Superintendent

WF:hs

WRTH
Wood River, Illinois

WRTH EDITORIAL #18

Broadcast of this editorial by W-R-T-H Vice President & General Manager, Joseph P. Costantino, was on Thursday, January 25, 1973. We welcome comments.

THE DRUG AND SUBSTANCE ABUSE COUNCIL OF ST. LOUIS

The Drug and Substance Abuse Council of St. Louis may be putting it all together. In a position paper released last week, the Council noted in response to the "drug problem" the community has a myriad of groups, agencies, organizations, and efforts, each in their own way attempting to "do something" about the drug problem. Very few programs, either preventative or treatment have proved to be effective.

The position paper suggests a starting point for any drug abuse education program should be development of clear cut goals, valid, well defined, attainable. It also suggests that too many programs over-emphasize the horrors of addiction without discriminating between drugs, drug use, and drug abuse.

The position paper states that the single premise which should underly any drug abuse education program is that drug abuse is not a problem, but rather the symptom of a problem. The Council strongly endorses some of the basic educational concepts outlined by the National Institute of Mental Health in November of 1969. One of the concepts reads:

"Some young people of all income levels adopt the theory that using marijuana is not vastly different from the use of alcohol, tobacco or pills. Educational efforts that do not cover the entire spectrum of drugs, including tobacco and alcohol, strike students as examples of adult hypocrisy and deafen young ears. On the other hand, good response has been reported to education that gives the facts about drugs, and distinguished between drug use, misuse and abuse".

It's an interesting report and will be distributed to legislators and other public officials, in addition to school administrators and educators. WRTH lists the report under "must reading".

Times editorial ran: 6:00 AM, 3:00 PM, 7:00 PM, & 10:00 PM

Copy to: Drug and Substance Abuse Council of St. Louis, 1118 Hampton Avenue,
St. Louis, Missouri 63139

4A St. Louis Globe-Democrat Tues., Jan. 16, 1973

Drug abuse: More symptom than cause, asserts council

Drug abuseamong youth is not so much a problem as a symotom of many problems some young people don't know how to handle.

And until that is realized by the drug-abuse education "experts," the fight against drug abuse won't get anywhere.

These statements are contained in a position paper issued Monday by the Drug and Substance Abuse Council of Metropolitan St. Louis.

"Educational emphasis should be on ways of coping with youth problems rather than on picturing drug users as 'depraved' individuals, which has proved to be ineffectual," said the statement.

Old-time rituals of religion, country, family and school have lost their appeal to many young persons, with drugs, astrology and the youth "subculture" replacing them, the council declared.

YOUTH PROBLEMS, which make drugs attractive to some, the council said, range from an unfavorable environment at home and school to feelings of inferiority.

Law enforcement has failed, by and large, to stop the flow of illegal drugs, the council said. Laws have failed as a deterrent. Treatment and rehabilitation efforts have been as effective "as applying Band-aids on a malignant cancer."

"Education programs, hailed as the new panacea in the prevention of drug abuse, have been less than effective," the council continued.

"An 'all-school' program is no way to conduct drug education," it said, referring to assembling all students to hear speakers and see films, which are described as "often sensational or lurid and more likely to breed drug use than to suppress it."

SUCH AN APPROACH "is likely to make many teen-agers feel that if they haven't tried drugs, they're missing something," said the council.

The council outlined as basic deterrents to drug use such things as participation in school programs that offer alternatives to drug use, and action on issues in which youth is concerned. Educators must recognize "youth's need to be involved."

Many preventive programs have been based on the idea that, given correct information, people will make intelligent decisions, the council said. A dramatic example that this doesn't work is the fact that more cigarettes are smoked in the United States today than prior to the surgeon general's report on the hazards of smoking, it declared.

EDUCATION COMMITTEE REPORT

For the past six weeks, Bob Bridges and Steve Kirn have been meeting personally with representatives of school districts in the St. Louis metropolitan area. Almost all districts have now been covered, except for the city schools. These visits were part of a follow-up effort to the January mailing of the DAC position statement on drug abuse education. This mailing went to district superintendents, but in most cases we were ultimately referred to the person in each district with primary responsibility for drug education programming. Initially, we had hoped to use an interview format consistent with the extensive one developed by Marvin Cummins, Ph. D., in his research program, but this proved too lengthy. The interviews thus were aimed simply at making contact with the person involved in drug programming at each school, getting a general idea of the development, content and thrust of their respective programs and attempting to identify needs which might suggest some DAC response.

Perhaps the most lasting impression we received in our interviews was the wide range of drug education programs which districts have developed, ostensibly in response to the same legislative mandates. Some districts have generated essentially no programming at all, feeling that the drug problem was not one to which schools could or should respond, at least not to any great extent. In those districts the representative suggested that stronger police action and/or greater exertion of parental responsibility was the response most called for. In these districts, which were smaller than most, the drug program consisted essentially of an isolated unit in the health or science curriculum. At the other extreme were districts which have spent a great deal of time and effort in generating programs which might easily serve as models for other districts. Although several of these districts were large enough to permit assignment of staff specifically or in large part to developing drug programs, other small ones were also able to produce comprehensive programs by setting a high priority for such efforts.

It was generally observed that the further districts got in drug education programming, the closer they came to a focus on values education, decision-making and so forth. Districts which have new or limited drug programs concern themselves with pharmacology and "fact-oriented" approaches. Many districts are now in a middle ground, with programs simultaneously consisting of values education incorporated into various subject areas and ex-addicts, scare movies and the like. As mentioned above, the trend appears to be toward approaches generally consistent with the ones suggested in the DAC position paper, but many districts have a long way to go.

Some generalized impressions:

There has already been a certain amount of information sharing among local school districts regarding drug curricula, although smaller (especially outlying) districts appear quite isolated in this respect.

On the other hand, many districts are completely overwhelmed by the mass of drug education mailings and material.

Few districts have written formal legal policies for dealing with student drug users; perhaps 1/3 of districts have them, at most. Policies mainly provide for suspension or expulsion. A few require a joint meeting of school personnel, parents and students.

There was essentially no community pressure for drug education, and little continuing community interest in it. The impetus for most programs came from administrators, some independently and others after legislative directives.

Almost every district has had significant representation at the St. Louis University College of Pharmacy workshops.

No district reported systematic evaluation of their drug education programs, although several do have regular reviews by the teachers involved.

Students were involved in the design of only a few programs.

In the older, more stable neighborhoods, alcohol was considered the major drug of abuse, although this had not particularly affected drug education programs other than in somewhat less consideration of other drugs.

Several needs and recommendations were common:

1. In districts which have developed programs and others, there is a need for helping teachers with the "how" of drug education, in addition to specific content. Perhaps this suggests the major issue in drug education programming; relatively speaking, "fact-oriented" programs are easy to generate.

2. Most districts would appreciate help in screening drug education information; at least they would like recommendations on especially good materials, programs, etc. Also mentioned was the need for recommendations on media material, possibly already available through the Drug Information Center. (Note: Most districts were unaware of the Center's existence.)

3. All districts wanted information and news regarding St. Louis area activities, although many were lukewarm about joining the DAC. Perhaps a new DAC role in state planning will change this.

4. Most would like data on actual drug use.

5. This recommendation comes more as my own synthesis of district needs. I was struck by the diversity of drug problems, responses and strengths in the various school districts. Although many people made specific requests, it seemed that a greater need was for workshops which teach people in the districts to assess their own needs and design programs which will work for them. Many districts apparently depend on packaged programs, and it seems unlikely that this is what is called for. One semi-rural district, and a small one at that, attended such a seminar in Chicago and is now well into surveying student drug use, community resources, and other topics in preparation for designing a program which is right for them. Perhaps the greatest possible contribution of the DAC to area drug education would be to provide, or stimulate this sort of workshop, rather than encouraging pre-packaged curricula.

Brief notes based on each interview will soon be available in Drug Information Center files, along with a few sample curricula.

Respectfully submitted,

Steve Kirn

Bob Bridges

NOTE: These observations do not include any city schools, nor do they include those districts surveyed by Marvin Cummins. Districts surveyed were in St. Louis County and St. Charles County.

Note deficiencies by interviewing one person, esp. administrator.

COMPREHENSIVE COMMUNITY PLAN

WARREN E. HEARNES
Governor

HAROLD P. ROBB, M. D.
Acting Director

State of Missouri
DIVISION OF MENTAL HEALTH
722 JEFFERSON STREET - P. O. BOX 687
JEFFERSON CITY, MISSOURI 65101

MENTAL HEALTH COMMISSION
DAVID SKEER, Chairman
JACK STAPLETON, JR., Secretary
ROBERT H. FELIX, M. D.
JOHN W. McHANEY, M. D.
ALBERT PRESTON, JR., M. D.
MRS. HELEN TWERSKY
ROY E. WILSON, M. D.

March 2, 1973

Mr. George Friesen
Chairman, Drug and Substance
Abuse Council
1118 Hampton Avenue
St. Louis, Missouri

Dear Mr. Friesen:

The Drug Abuse Section of the Missouri Division of Mental Health is in the process of developing a State Plan for the Federal Government that will outline recommendations to meet the problem of drug abuse in the State of Missouri.

Following our meeting on March 2, 1973 at which we discussed with you the resources available through the Drug and Substance Abuse Council, I would like for the Council to act as the Task Force to gather the local information to be included in this state-wide plan.

The Federal Government requires this plan to be submitted by mid-1973. This means that we would need from the Council's Task Force the results of its study as soon as possible, but no later than May 15, 1973.

Our Assistant Director, Mr. Marion Craney, will be present at the next meeting of the Council on May 13th.

Your cooperation in this matter is appreciated.

Sincerely,

S. Parwatikar, M. D.
Associate Director
Drug Abuse (Section)
Division of Mental Health
State of Missouri

An Equal Opportunity Employer - A Non-Discriminatory Service

DRUG AND SUBSTANCE ABUSE COUNCIL OF ST. LOUIS

PRESS RELEASE

Business Office:
1118 Hampton Avenue
St. Louis, Missouri 63139
ST 1-9070

Release Date: Immediate
Contact Person: George Friesen

Telephone: JA 1-2000
ext. 307,308

George Friesen, (President of the Drug and Substance Abuse Council of Metropolitan St. Louis) and Dr. S. Parwatikar (head of the Missouri Division of Mental Health - Drug Abuse Section), issued the following statements at a joint press conference held on Thursday, April 5th at the Mental Health Association building.

STATEMENT BY THE DRUG AND SUBSTANCE ABUSE COUNCIL

The Drug and Substance Abuse Council of Metropolitan St. Louis was organized in 1970, for the purpose of information sharing, cooperative programming and collective action. There are currently 62 member agencies. Important 'Drug Council' activities over the past three years have been: the "Amphetamine White Paper" and subsequent resolutions passed by the Missouri Medical Society; the 1970 legislative effort - when many of the state's statutes were re-written; a continuing contact with area school districts; and evaluation of drug programs, as requested by funding bodies.

Speaking as president of the Council, Mr. George Friesen said, "I would like to share some concerns about past responses to the problem of drug abuse. I would also like to describe an opportunity to substantially increase the effectiveness of our community's responses to this problem.

"Recently the National Commission on Marijuana and Drug Abuse reported to President Nixon and Congress on the results of its two year study of the relative effectiveness of this nation's attempts to alleviate drug abuse. The Commission suggested that government efforts might be perpetuating drug use instead of discouraging it.

"In the same vein, a recent report to the Ford Foundation stated, 'Ironically, societies' efforts to stop drug abuse are the very factors causing drug abuse.?'

"The Drug Abuse Council substantially agrees with these observations. We feel the frustration all Americans feel when considering that despite large expenditures of public and private funds, drug abuse continues to tragically affect the lives of many of our fellow citizens.

"In the metropolitan St. Louis area over one hundred organizations are directly involved in drug abuse prevention or treatment. This could be seen as an indicator of eventual success for our community's attempt to grapple with this serious social problem.

The Drug and Substance Abuse Council, like the Federal Commission, fears otherwise.

"We are concerned that the community views the development of more and more drug abuse programs as the key to solving the problem of drug abuse, while ignoring the central fact that the causes of drug abuse stem from a wide **range** of social, economic and cultural issues -- many of which are never associated with drug abuse.

"In addition, adding programs without increasing coordination will not only fail to improve our capability to respond to drug abuse, rather to the extent that it increases fragmentation, it will be destructive.

"From experience, the Council is aware of the compelling need for a comprehensive community-wide drug abuse plan -- a plan which will give meaningful, unified direction to both public and private drug abuse problems.

"The Missouri Division of Mental Health is compiling a state-wide plan which speaks to this need. Dr. Sadashiv Parwatikar, director of the drug abuse section of the Division of Mental Health, will comment on this plan and the 'Drug Council's' role in its development and implementation in the metropolitan St. Louis area."

STATEMENT BY THE DIVISION OF MENTAL HEALTH

The drug abuse problem is on the increase on a national level. The Federal Government has requested each state to prepare a plan for the prevention and arrest of the problem. In the State of Missouri the Division of Mental Health has been designated by the Governor as the single state agency to place, implement, and devise a comprehensive drug prevention state plan. As this is an enormous task which needs to be fulfilled by the end of June, 1973, the Division of Mental Health is seeking the help of existing drug councils and concerned caretaker agencies in surveying the needs of the community, evaluating existing resources, and recommending areas for further development.

The Division has started a state-wide effort of contacting chambers of commerce, schools, department of health, law enforcement agencies, and existing mental health care facilities to gather data as required by the federal planning guidelines and format.

In the metropolitan St. Louis area the Division intends to use the Drug and Substance Abuse Council as its task force for surveying the needs, evaluation of existing programs, and recommending further areas for reinforcement in the St. Louis area.

Drug and Substance Abuse Council - cont.

Shirley Harrison has been appointed as regional program development specialist for the eastern part of Missouri. She will be closely working with the Drug and Substance Abuse Council in this process. Data and recommendations coming from the St. Louis Task Force, will be incorporated in a state-wide, comprehensive plan, which will be the responsibility of Dr. Parwatikar, and his program assistant, Mr. Marion Craney.

Future funding obtained from the Federal Government will be used to develop resources for community prevention, crisis intervention, information and education, treatment and rehabilitation, with an ultimate goal of reduction in the involved and dysfunctional population of drug abuse - of both narcotic and non-narcotic type. The Division of Mental Health also intends to work closely with community resources, working toward prevention of alcoholism and alcohol related problems, as a total combined state effort.

State Unit To Draft Drug Control Plan

By ROBERT L. JOINER
Of the Post-Dispatch Staff

Representatives of area drug treatment programs, yielding to federal pressure to cut out duplication in their services or lose grant money, have agreed to work with a single state agency in an effort to draw up a master plan for drug abuse control.

The announcement that the Missouri Division of Mental Health would draft a state-wide drug control plan was made yesterday by George Friesen, head of the Drug and Substance Abuse Council of Metropolitan St. Louis, and Dr Sadashiv (Sam) Parwatikar, head of the drug abuse section of the state's health division.

The announcement was made after a request by the Special Action Office for Drug Abuse Programs that all states prepare a drug abuse control plan.

The Missouri plan will be drafted by the state's mental health division along with representatives from various drug treatment projects.

The Special Action Office in Washington said that no special grant money would be distributed to the states until all drug programs had been approved by a state-wide co-ordinating agency and unnecessary duplications of services had been halted.

Dr. Parwatikar said that a flat grant of $460,000 had been made to Missouri and would be administered by the state mental health division.

"The money has been allocated, but we must now come up with a state plan as to how we should spend it," he said. "In some cases, there have been unnecessary duplications on the part of treatment centers. The work of the state agency will be to see that the projects already going on are co-ordinated properly and that money is spent wisely."

The plan might also mean that some projects will be merged with others where services overlap, Dr. Parwatikar said.

The plan by the Substance Abuse Council is expected to be ready by May 15 and the state plan by June 30, the end of the fiscal year.

The order from the Special Action Office was the beginning of the Federal Government's shift of grants away from individual organizations to a single state agency such at the state's division on mental health.

"The Federal Government will eventually give all of the responsibilities to the states," Dr. Parwatikar said. "And some drug treatment programs will die if they don't come up with funds on their own."

As an example, he said, the drug treatment center which he heads at St. Louis State Hospital received 70 per cent of its money from the Federal Government and 30 per cent from the state in 1970.

Under the program's $500,000 budget for fiscal year 1973-74, the Federal Government will provide 30 per cent of the funds and the state 70 per cent.

He said that by 1975 the Government would pull out of the program with the expectation that funds would come from state and local sources.

"When and if the Federal Government pulls out, we expect the money to come through such sources as revenue sharing," he said.

Treatment officials from various drug abuse programs expressed satisfaction with the idea of a state agency disbursing the grant money, but some wondered how their individual programs would fit in.

"I visualize a shift from Washington to the local level," said Dr. William Harvey, head of the Narcotics Service Council, a treatment project.

"But there is concern in some quarters about the long-range results of changing over from a strong federal role to a state role of funding. In terms of revenue sharing, the ex-addicts who are helping to run the treatment programs are worried.

"They feel they will be left out. One of the hopes of having this kind of task force of a variety of people feeding information to the state on the needs for treatment is that they (ex-addicts) won't miss out on a program."

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TO: DAC BOARD MEMBERS

FROM: GEORGE FRIESEN

RE: DAC'S INVOLVEMENT IN THE STATE PLAN

As you know, the Drug and Substance Abuse Council has been designated as the primary agency in the Metropolitan St. Louis area for the development and implementation of what will be a comprehensive plan to meet the problem of drug abuse in the State of Missouri. I'd like to report to you on progress made thus far in regard to DAC's work with this new continuing responsibility.

Within a general TASK FORCE structure, the Executive Committee has established the following committees for purposes of plan development:

1. Law Enforcement and Control
2. Prevention/Education
    - In school
    - Community
3. Treatment
    - Hard drugs
    - Soft drugs
4. Vocational/Social Rehabilitation
5. Long Range Social/Political/Professional Issues
    - Legislation
    - Resources allocation
    - Intra-governmental coordination

Our primary concern in establishing these committees had to do with the immediate issue of developing a comprehensive drug abuse problem definition/resource allocation plan for the Metropolitan St. Louis area. However, it is obvious that the Council may find this structure quite apropos to its expanded future role.

We need to get our plan to the state by May 15th. Accomplishing this will require a significant amount of extra effort from each of us. The fact that the plan we are developing will directly effect future operations of those agencies we represent should make these efforts stimulating. Much more significantly, future alleviation of drug abuse in Metropolitan St. Louis may very well be a direct function of the quality of the plan we produce.

At the April 10th meeting of the Council, detailed information concerning the Task Force will be presented. The most intensive work of the above listed committees will take place between April 11th and April 23rd. On May 1st a draft copy of the completed plan will be sent to all members of DAC for their perusal. The May 8th meeting of the DAC will be utilized for gathering final reactions to the plan.

In one sense, the work in which we are now engaged is a logical culmination of the Council's first stage of development--a stage which has been largely devoted to: 1) information sharing, and 2) one-time responses to individual problem areas. We have made only occasional forays into continuing, cooperative planning. Properly executed, the plan we are now developing should serve as a blueprint for the Drug and Substance Abuse Council's vital future. The future DAC, while retaining its function of providing a forum for information sharing, will also serve as the primary agent for giving direction to Metropolitan St. Louis' coordinated effort to alleviate drug abuse.

OFFICE OF THE MAYOR
CITY OF SAINT LOUIS
MISSOURI

JOHN H. POELKER
MAYOR

April 23, 1973

Mr. George Friesen, President
Drug and Substance Abuse Council
of Metropolitan St. Louis
1118 Hampton Avenue
St. Louis, Missouri 63139

Dear Mr. Friesen:

Thank you for your letter of April 17, in which you indicate to me the responsibility of your organization to develop a comprehensive areawide plan for treatment of drug abuse and narcotic addiction.

I certainly would be interested in reviewing the draft of your plan before it is finalized by your organization. This problem in our community must be effectively dealt with by the professional organizations involved and I am sure that a comprehensive plan would better coordinate their efforts in trying to reduce the problem.

Sincerely,

John H Poelker
Mayor

MEMO

TO: DRUG COUNCIL "Task Force"
- Steering Committee
- Committee Chairmen

Fm: GEORGE FRIESEN

I would like this memo to serve as a combination report on what's going on, a reminder of upcoming events, and a means of distributing a piece which may be helpful.

Report

The initial phase of data collecting is just about complete. Marv's group will meet with staff on Wed., April 18, at 2 pm to wrap things up.

Reminder

The Steering Committee will meet on Tuesday, April 24 at 7:30 pm to receive those committee reports that are complete. (This committee includes: Friesen, Harvey, Deitchman, Halikas, Rippeto, Strelinger and Cummins)

Phase II, Committee Structure

With the completion of Phase I, data collection, (parts II. and III of the planning outline) we are ready to revert back to our original committee structure for the purpose of completing our responsibilities. You will recall that the following committees were set up and chairmen selected:

I. Law Enforcement and Control--Lt. Archie Rippeto
II. Prevention/Education --Don Tielke
III. Treatment --Bob Deitchman, M.D. and Bill Harvey, Ph.d.
IV. Vocational/Social Rehabilitation - Marv Cummins, Ph.d, Rick Strelinger
V. Long Range Social/Political/Professional Issues - Jim Halikas M.D.

We now need to complete parts IV, V, and VI of the outline. Chairmen of these committees should:
- recruit 'Drug Council' members or others to fill out your committee
- notify Jeannie as to your committee membership
- schedule meetings as you deem necessary (Ed, Bob or Jeannie can help)

We are sending along (to appropriate chairman) a report produced by UDAC which may provide a suggested approach to your committee report.

DRUG AND SUBSTANCE ABUSE COUNCIL
OF METROPOLITAN SAINT LOUIS
A VOLUNTARY PARTNERSHIP FOR INFORMATION SHARING AND COLLECTIVE PLANNING
1118 HAMPTON AVENUE, ST. LOUIS, MO. 63139
PHONE: (314) 781-8070

May 4, 1973

MEMORANDUM

TO: Drug and Substance Abuse Council,
Board of Directors

FROM: George Friesen

REF: Draft Copy of Community Drug Abuse Plan

Attached is the 'first draft' of the Metropolitan St. Louis portion of the Missouri Comprehensive Drug Abuse Plan being completed by the Drug Abuse Section of the Missouri Division of Mental Health.

Not included are the charts, graphs, statistical studies and other data which have been produced. Such material will be included in the final draft, but is too cumbersome for inclusion in this mailing. Copies will be available at the May 8 DASAC board meeting.

As you will notice, some sections of the plan have not as yet been completed. Any imput you could give at the Council meeting, especially in regard to the "Public Information" component, would be very helpful. Although, as is true with all first drafts, some rough edges show, I believe we can all be proud of what we accomplished on very short notice. We should all give a special vote of thanks to Ed Corcoran and those other staff members at the Mental Health Association who contributed so much to the development of this plan.

Would you carefully review this 'first draft,' note your comments, suggested changes, omissions or questions. Be prepared to offer specific suggestions on May 8.

After review by the board, a revision of this draft will be accomplished by the Steering Committee, and submitted to the Division of Mental Health (by May 15).

Thank you.

May 25, 1973

Sadashi Parwatikar, M. D.
Associate Director
Drug Abuse Section
Division of Mental Health
722 Jefferson Street
P. O. Box 687
Jefferson City, Missouri 65101

Dear Dr. Parwatikar:

Attached is a copy of the Comprehensive Community Plan developed by the Drug and Substance Abuse Council. I would like to thank you personally for allowing the Council to take on this responsiblity.

It seems to me that engaging in this activity has been especially beneficial for the Council, that it has helped the Council develop a sense of direction and purpose which was very much needed. I also feel the document itself to be something which, although obviously incomplete, does do a good job of describing presently existing needs, types of community responses, and future programs needed to alleviate drug abuse in this metropolitan area.

As we have indicated in the preface of the plan, we are quite aware of the fact that this document needs to be modified, adapted, and corrected. We do feel, however, that it is in every sense of the word the beginning of a "rational planning process." And this, of course, is what SAODAP was most particularly looking for in first year plans.

I would like to get together with you after you have had an opportunity to peruse this plan to get your reactions. The Drug Council is presently engaged in the process of getting endorsements of the plan from major governmental units and these endorsements will be sent to your office as soon as they are available.

Best wishes in your work and I'll be contacting you in the near future.

Sincerely,

George H. Friesen
President

GHF:cb

List of those who have received Community Comprehensive Drug Plan;

Raymond Knowles, M.D. - National Drug Training Center

Jerome Sandweiss - Member, United Fund Budget Panel

Earle Hollis - Special School District

Gene Schwilck - President; Danforth Foundation

Richard Hunter - National Association for Mental Health

Earle H. Harbison, Jr. - President, Mental Health Ass'n. St. Louis

Richard Dunlop - Missouri Association for Philanthropies

Philip Hallof - Mayor of Kirkwood

Floyd Richards - Exec. Director, L.E.A.C., Region V

Monte Throdahl - Past President, MHA Board of Directors

Gerald A. Haeger, M.D. - St. Charles Medical Society
(one for mayor of St. Charles, and one
for Presiding Judge, St. Charles County)

Ralph Smith - Presiding Judge of Franklin County

Marvin Leonard - Presiding Judge of Jefferson County

Jack Lucks - Representative, County Government, St. Louis County

Howard Williamson - for Mayor of Overland

Representative William Hungate

Representative James Symington

Representative William Clay

Representative Leonor K. Sullivan

Senator Thomas Eagleton

Senator Stuart Symington

Mrs. James McClellan - Chairwoman, Womens Crusade Against Crime

Joseph Badaracco - Chairman, St. Louis Board of Aldermen

Those who have received Plan, cont.

Roger Heroux - Administrator, St. Joseph's Hosp., Kirkwood, Missouri

Ralph Hansen - General Manager, KTVI-TV

Morton McAnally - United Fund

Chris Condon - KSD-TV News Service

James Murphy - KMOX-TV Editorial Director

Warren Welliver - Missouri Association for Mental Health

James Halikas, M. D.

Shirley Harrison

Marion Craney

Ed Corcoran

George Friesen

In addition, 9 plans were sent to Jefferson City

Florissant City Mayor James Egan's Office

St. Louis County Supervisor Roos' Office

St. Louis City Mayor Poelker's Office

St. Louis Post-Dispatch

CHRISTOPHER S. BOND
GOVERNOR

HAROLD P. ROBB, M.D.
DIRECTOR

State of Missouri
DIVISION OF MENTAL HEALTH
722 JEFFERSON STREET - P. O. BOX 687
JEFFERSON CITY, MISSOURI 65101

MENTAL HEALTH COMMISSION
DAVID SKEER, Chairman
JACK STAPLETON, JR., Secretary
ROBERT H. FELIX, M. D.
JOHN W. McHANEY, M. D.
ALBERT PRESTON, JR., M. D.
MRS. HELEN TWERSKY
ROY E. WILSON, M. D.

May 30, 1973

George H. Friesen, President
Drug and Substance Abuse Council
of Metropolitan St. Louis
1118 Hampton Avenue
St. Louis, Missouri 63139

Dear George:

I am extremely pleased with the efforts you and your executive committee have put into writing a comprehensive overview of the drug abuse problem in St. Louis and St. Louis County.

I am quite sure this data will be invaluable in writing the total state plan.

We will continue to keep in touch with you regarding this matter.

Cordially yours,

Sadashiv Parwatikar, M.D.
Associate Director
Drug Abuse Section

SP:jmb

cc: Dr. Robb

To
George Iverson

JOHN A. LUCKS

May 29, 1973

Mr. Lawrence K. Roos
St. Louis County Supervisor
7900 Forsyth Boulevard
St. Louis County, Missouri 63105

Dear Mr. Roos:

I have reviewed the "Recommended Comprehensive Community Plan for Drug Abuse Programming and Strategy" developed by The Drug and Substance Abuse Council of Metropolitan St. Louis.

My overall reaction is that it is a beginning and certainly should be a starting point for a coordinated effort in the greater St. Louis area to fight drug abuse.

I feel that it is imperative that Section VI be considered immediately in regard to "Program Management." We need a centralized special purpose management function to mobilize and organize the community. At this point, The Drug and Substance Abuse Council of Metropolitan St. Louis is best suited to do this if it is reorganized and reconstituted under the guidelines outlined in Section VI.

I feel strongly that the St. Louis County Narcotics Commission should have a representative on the Board of Trustees, as well as a representative of the County of St. Louis. With the expertise of the St. Louis County Narcotics Commission over the past five (5) years, their representative should be able to contribute a great deal to the overall program, particularly in regards to education of the public sector.

Since St. Louis County is the largest government agency that should be represented on this board, I am wondering if the county should have or be entitled to more than one representative on the Board of Trustees. Obviously, for any program like this to get started there is a need for financial subsidy. Of course, I have no way of knowing whether any of the government agencies

-continued-

Mr. Lawrence K. Roos
St. Louis County Supervisor

can underwrite a subsidy such as recommended in these guidelines. Unless funds are available for any organization of this type, it is not going to get off of the ground. Public interest and volunteer help is needed and should be the major source of manpower for the fight against drug abuse. With this interest, volunteer help needs to be supported by adequate operational people, secretaries, telephone services, etc.

I personally believe, Mr. Roos, that this plan is a beginning and should have the full endorsement of St. Louis County and the St. Louis County Narcotics Commission.

Sincerely,

John A. Lucks

JAL:lb
cc: Mr. Gene McNary, St. Louis County Prosecuting Attorney
Drug and Substance Abuse Council of Metropolitan St. Louis

CITY OF FLORISSANT

FLORISSANT, MISSOURI 63031

June 29, 1973

Mr. George Friesen, President
Drug & Substance Abuse Council
1118 Hampton Avenue
St. Louis, Missouri 63139

Dear Mr. Friesen:

This is to acknowledge receipt of your report, "A Recommended Comprehensive Community Plan for Drug Abuse Programming and Strategy".

I also appreciate visiting with you at the time you gave me the report. I will admit that it is a lengthy document and the parts I have read to date are very interesting.

As the Mayor of Florissant, I am very concerned about the problems contained in your report. I am willing to offer any help and assistance in solving the problem.

Sincerely yours,

CITY OF FLORISSANT

James J. Eagan
Mayor

JJE:hl

CITY HALL - 921-5700 POLICE DEPT. - 831-7000 WATER DEPT. - 921-5588

City of Kirkwood
139 South Kirkwood Road
Kirkwood, Mo. 63122
822-8200

July 2, 1973

The Drug & Substance Abuse Council
1118 Hampton Avenue
St. Louis, Missouri 63139

Dear Sir:

This will acknowledge receipt of your Comprehensive Community Plan for Drug Abuse Programming and Stategy which we received a number of days ago. We appreciate the time and effort you have put into compiling this book, and appreciate your thoughtfulness in sending us a copy of this publication.

Yours truly,

Philip Hallof Jr

Philip Hallof, Jr.
Mayor

PHJr/ddr

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Thursday, April 19, 1973 40 Pages

Drug flood in the county— rising, not receding

> *"There is no greater tragedy of modern life than the growing use of drugs by our youth.*
>
> *"The incidence of drug usership by young people in St. Louis County is overwhelming.*
>
> *"That the problem is deadly serious and requires immediate attention is no longer debatable."*
>
> *—County Supervisor Lawrence K. Roos—1971.*

By GERALD LINDHORST
Globe-Democrat Staff Writer

While Supervisor Lawrence K. Roos sounded the alarm on youth drug addiction in his 1971 state of the county address, the question today is what has been done.

The answer seems to be — not much.

Today, persons involved in private and volunteer drug control programs charge the Roos administration has not asserted leadership, or given financial support, or taken action toward a unified drug control program.

ROOS denies this charge.

He says his administration has taken action to ease the drug problem in the county.

t, within the two years since Roos' ch, the drug problem appears to have growing, not slowing.

ug arrests of youths (10 to 17) by the ty Police Department rose more than er cent from 74 in 1970 to 230 in 1972, rding to police records.

ug arrests for persons over the age of ve almost doubled — from 395 persons 70 to 742 in 1972, up 88 per cent.

study made by Marvin Cummins, associ director of Social Science Institute at ington University, revealed that County tal handled 100 cases involving heroin in 1971.

RCOTIC DRUG LAW violations committed by juveniles, who were referred to the county juvenile court, were up 52 per cent in 1972.

Other drug violations by juveniles are up 100 per cent for the last year.

Presently in the county, disorganized attempts are being made to combat the mushrooming drug problem — by private groups, the prosecuting attorney, juvenile court and some county departments.

Two years ago, Roos stressed the need to coordinate and strengthen existing activities in the drug abuse prevention area — "If we are to be successful in dealing with the total problem."

In an interview this week, the supervisor was unable to answer specific questions conlerning the leadership he had taken to coordinate and aid existing programs.

Administrative staff members explained that the supervisor had stepped aside, favoring leadership by the Drug and Substance Council of Metropolitan St. Louis.

"THE COUNCIL WAS BETTER set up to coordinate the various groups," Robert Baer said.

The council, however, was only a voluntary group with no legal authority, money or power to develop or complete any programs, according to Edward Corcoran, a council member and executive director of

Continued on Page 11A

120

County drug problem on increase

Continued from Page 1A

the Mental Health Association.

"All we could do is communicate the drug problems," Corcoran said. "For three years, we beat the drums for coordination, but couldn't get the political leadership to pull together and do something."

He said Roos has the necessary legal tools, budget and influence to obtain some type of coordination and program.

"When the boss wants something done, it gets done," he said. "I can't believe there was any genuine interest by the county or the city (St. Louis) to get anything done. You have got to want to get involved."

Corcoran said his group met with the supervisor in August, 1971.

"IT WAS STRESSED BY US that Roos use his leadership to cause other county systems to get involved," he said.

"With his position, he could coordinate existing programs, and help influence school districts to develop better programs that are now lacking.

"He could also have sought to get the support of the business community."

The county is now waiting for the drug abuse council to develop a "regional plan," Ned Taddeucci, a staff member, said.

The council received the approval from the state only three weeks ago, Corcoran said.

George Freisen, council president, said Roos "should not be slammed" because no one else has accomplished much in the last two years.

Freisen, however, will appear before Roos and the county council Thursday and plead that the council not follow Roos' plan to use revenue-sharing funds for "golf courses."

"THERE ARE HIGHER priorities," he said. "Like a drug training program for teachers, counselors, parents, hospital emergency room personnel and ambulance drivers."

As promised, Roos formed a task force of department employes to improve the county's drive against drugs.

A report issued to Roos in 1971 by the Metropolitan Youth Commission advocated such a task force. The commission recommended that the group should develop "county-wide policies and procedures," exchange information on county and metropolitan drug programs and have periodic reporting on drug use and abuse.

However, Taddeucci admitted the task force only "met three times" in the last two years.

THE ROOS ADMINISTRATION appropriated money for four additional policemen in 1973 for the narcotics division. It also provided more money for equipment.

Sandra Spiritas, a county resident and chairman of the St. Louis Cooperative Socialization Task Force, said, "I am horrified to think that after President Nixon declared war on drugs as the number one priority in the nation that Roos and the councilmen still have not responded with other than get tough, more law enforcement methods.

"Roos is dealing with crime and not people's problems. In order to solve the drug problem, a multiplistic approach is needed."

Baer and Taddeucci said the county provided $35,000 for a study of drug use in high schools.

EDWARD SHAMSKI, WHO HEADS Acid Rescue, a private agency that receives over 900 calls a month from county youths inquiring about drugs, laughed at the county's study.

"Do they really think that by passing a questionnaire to a kid in school will help identify the drug problem?" he asked.

"Money should be spent to help support agencies working effectively in the community."

Taddeucci said the county hospital is now handling drug overdose and related cases, but is not advertising the fact even though many hospitals will not accept such cases. He also said the county has no special clinic or rehabilitative program.

"There are private agencies, such as Acid Rescue, that are handling this," he said.

Prosecuting Attorney Gene McNary, however, feels the "county is lacking in drug treatment and rehabilitative facilities."

While the dispute continues, federal money is now coming down the pipeline to the states to combat the drug problem.

State officials, however will not be able to issue money to various state regions unless highly fragmented local drug programs are coordinated with an effective unified program, Corcoran said.

Drugs plan links city, counties

By GERALD LINDHORST
Globe-Democrat Staff Writer

A master plan to coordinate the efforts of more than 70 agencies trying in various ways to deal with drug abuse here was made public Friday.

It is the first comprehensive drug abuse plan ever developed for the city and the counties of St. Louis, Jefferson, Franklin and St. Charles.

The plan was formulated on the demand of the federal government, which has criticized duplication of services and uncoordinated drug control work here.

THE PRICE OF FAILING to pull various programs together into one major efficient effort will be the loss of federal funds, a drug control spokesman predicted.

Developed by the Drug and Substance Abuse Council of Metropolitan St. Louis, the plan is part of a statewide effort.

At present, its form is general, with specific provisions to be added later.

In a report accompanying the plan, the council noted that St. Louis is not different from other urban areas in its drug problem.

The problem involves both narcotics addiction and general drug abuse, the report said.

Addiction is most acute among adult, male, black residents of the city and in county areas north of the city.

General abuse of non-opiate drugs is spread evenly throughout the counties, and is practiced by adolescents and young adults of both sexes.

THIS HABITUAL use also applies to persons in all socio-economic classes, the report says.

The report also stressed that "county youth" are increasingly experimenting with addictive narcotic drugs.

"There are more than 70 local agencies, organizations or groups which relate in some way to this crisis," the report said.

"This array of independent efforts ranges from programs being offered by new agencies (created solely to provide a drug abuse service) and drug abuse sections created by traditional health and mental health agencies, to numerous 'citizen' groups doing what is purported to be prevention through education."

THE REPORT charged that there is "much needless duplication of effort," in drug control, especially by groups devoted to "prevention through education."

There is a wide disparity between the location of treatment resources and community areas with greatest needs according to the plan.

"Conflicting, overlapping and poorly defined lines of responsibility and description of missions occur," the report said.

"There is a competition for funds, public favor, and authority by numerous community groups and agencies."

There is also little cooperation or communication among the existing agencies, George Friesen, president of the drug council, said.

THE PLAN ITSELF calls for a "centralized coordinating agency" which would give direction and coordination to the numerous drug education and prevention programs.

In the field of prevention and education, the plan would direct integration of drug abuse education into regular school curriculum, beginning in grade school and continuing through high school.

Development of drug abuse education as a regular part of teachers' college curriculum also was urged.

For improved treatment and rehabilitation, adequate 24-hour emergency service

Continued on Page 12A

Drug plan links city, county

Continued from Page 1A

for abusers through area hospitals should be established.

Strategically located detoxification services for opiate and barbiturate abusers also was recommended, as well as a central referral network.

IN THE AREA OF DRUG control and law enforcement, the plan emphasizes the need for control of abuseable drugs originating through legitimate sources.

Coordination between law enforcement agencies, prosecutors, courts and correctional agencies is needed, according to the report.

In order for any drug abuse plan to be successful, Friesen said the cooperatio of agea government officials is needed.

"Local governments must demonstrate the willingness to move forcefully into drug abuse program activities, work cooperatively on an areawide basis, provide funding to appropriate service needs and direct their governmental agencies into more active participation in drug abuse work as theneed can be established," the report advised.

"WE ARE IN THE PROCESS of contacting County Supervisor Lawrence Roos, Mayor (John) Poelker and the presiding judges of the other three counties involved to form some agreement for areawide planning," Friesen said.

"I feel that the political leaders have a real understanding that no progress can be made against drug abuse without a coordinated effort."

While the report stressed the need for consolidation of services, it did not say which of the existing programs would be merged with others.

Specifics of how the plan would be financed and managed will be released at a later date, Friesen said.

BEST COPY AVAILABLE

Sun., June 3, 1973 ST LOUIS POST-DISPATCH

Co-ordination Of Drug Programs Urged

By RONALD J. LAWRENCE
Of the Post-Dispatch Staff

A centralized agency to direct and co-ordinate the numerous drug education and prevention programs in the area has been proposed by the Drug and Substance Abuse Council of Metropolitan St Louis.

The proposal was in response to a council survey that indicated a fragmentation in service and found that "without exception . . . . drug abuse . . . affects a significant portion of the population."

"Were all available treatment efforts functioning at an ideal level, their combined capacity could serve only one-third of the estimated number of addicts," a report issued yesterday by the council said.

The comprehensive plan was developed after the Federal Government found duplication of services and unco-ordinated control work. The plan covers the city and St. Louis, Jefferson, Franklin and St. Charles counties.

George Friesen, president of the Council, said the plan must be approved by the Missouri Division of Mental Health and the local governments involved. He said that the council was consulting these governments.

"In essence, what we are trying to do is to achieve better co-operation among the various agencies and municipalities in the area," Friesen explained.

"There is a lack of really effective, continuing close co-ordination between various types of social responses to drug abuse. There also is a lack of co-ordination on the part of the city and the four counties involved."

He noted that there were more than 70 agencies, orgainzations and groups in the area relating in some manner to drug abuse.

The council's proposals were contained in four broad areas — prevention and education, treatment and rehabilitation, public information and control and law enforcement.

In prevention and education, the report placed a high priority on integrating drug abuse education into school curriculems, beginning at the primary level and continuing through the secondary.

It emphasized the need for creation of an "area-wide network of complete drug abuse education for teachers and other school personnel" and adequate training programs for those who work with drug abusers.

Secondary priority was given to providing store-front education centers, development of "peer-group self-help projects" and creation of drug-abuse education as a regular part of teachers college courses of study.

Turning to treatment and rehabilitation, the council recommended that top priority be given the creation of adequate 24-hour emergency service in area hospitals and strategically situated detoxification services for opiate and barbiturate users.

Of lesser urgency, the report continued, is the establishment of centers at which young persons can "explore in casual atmosphere entry into therapeutic relationships."

"There should be an expanded methadone maintenance program for opiate users and outpatient counseling and psychotherapy through existing health, drug abuse and mental health services."

In the area of public information, the council's report urged establishment of a method of co-ordinating drug-abuse educational programs being conducted by the mass media.

"A means should be developed of ascertaining the impact on black youth being made by the current rash of 'black movies' featuring black antiheroes and narcotics traffic, illegal activities and violence," the report stressed.

Turning to control and law enforcement, the council made these recommendations:

Control of abusable drugs originating through legitimate sources and the reduction of amphetamine prescriptions to the lowest possible level.

Better co-ordination between law enforcement agencies, prosecutors, the courts and correctional agencies.

Improved drugstore and warehouse security.

Creation of adequate drug abuse treatment programs in correctional institutions.

"In most arrest situations, treatment is preferred to punishment," the report said.

The survey was made after the Federal Government directed each state to prepare a comprehensive drug-abuse plan. The Missouri Division of Mental Health asked the council to make the local study.

The council was organized in an attempt to co-ordinate efforts in the fields of drug abuse.

SAMPLES OF COMMUNITY REACTIONS TO PROJECT ACTIVITIES

10A St. Louis Globe-Democrat Tues., Oct. 10, 197

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The Globe-Democrat is an independent newspaper printing the news impartially, supporting what it believes to be right and opposing what it believes to be wrong without regard to party politics.

STOP STUDENT DRUG ABUSE

Spreading drug abuse among St. Louis area students demands public action to eliminate this mental and physical danger.

Students polled by Dr Charles Solomon Brown Jr., director of rehabilitation at Malcolm Bliss Mental Health Center, estimate that 80 per cent of ninth through 12th grade students have experimented with drugs and about 40 per cent were regular drug users.

St. Louis County Detective Lt. Archie Rippeto believes at least 6000 county students at all grade levels are using drugs and all 215,000 county students are in jeopardy of exposure to drug usage.

While some school systems have developed curriculums on drug abuse. Brown feels that drug education in area schools is "practically worthless." And, he said, more than half of the teachers feel they are "inadequate" to handle student drug problems.

☆ ☆ ☆

These teachers are probably right. While most of them thought laws regulating marijuana should be less strict, a new study has shown that use of marijuana and hashish can cause harmful structural changes in the brain.

The study by two doctors at the University of Pennsylvania Department of Psychiatry found that chronic users of marijuana — and to a greater extent hashish — suffer from slowed time sense, difficulty in remembering recent events, apathy, fatigue and sluggish and confused medical response.

The doctors recommended a cautious approach to marijuana until findings in the fields of neurology, radiology, physiology and pharmacology are available. Such findings and recommendations scarcely argue for less strict laws.

☆ ☆ ☆

Only in the past few years have local schools started educational courses on drug abuse. There is even some fear that inadequate programs, rather than discouraging drug abuse, actually stimulate students' interest in drugs.

At least two county school districts — Parkway and Ferguson-Florissant have developed drug curriculums which have been extensive and promise to help solve the problems.

Area school officials should work with experts in the drug field using the Parkway and Ferguson-Florissant curriculums as a basis for developing a sound educational program to deal with the drug problem on a pragmatic and informative basis.

Parents should be heavily involved in the effort to learn what can be done to prevent drug abuse by young people. Only a coordinated effort by parents, schools and the experts can deal with the present sorry situation.

FOR A COMMUNITY AWARENESS OF MENTAL HEALTH
NATIONAL COMMITTEE FOR MENTAL HEALTH EDUCATION

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Centennial Office Bldg.
St. Paul, Minn. 55101

October 19, 1972

Mr. George Freisen
McCluer High School
1896 S. Florissant Road
Florissant, Missouri 63031

Dear Mr. Freisen:

On behalf of the National Committee for Mental Health Education, I want to express to you our very deep appreciation for your taking part in the program which was recently held at the Chase Park Plaza Hotel.

Sincerely yours,

Alex Sareyan
for National Committee for
Mental Health Education

AS: mk

Hazelwood School District
ST. LOUIS COUNTY
McNair Elementary School
585 Coachway Lane
Hazelwood, Missouri 63042

February 23, 1973

Mr. George H. Friesen
Drug Abuse Education
Ferguson-Florissant School District
1696 South Florissant Road
Florissant, Missouri 63031

Dr. Mr. Friesen:

Thank you for speaking at our P.T.A. meeting on Tuesday, February 6, 1973. Your presentation was very good. It was very informative and I'm sure everyone learned some things about drugs. Thank you again.

Sincerely Yours,

June Deuser

June Deuser
McNair School P.T.A.
Corresponding Secretary

ST. THOMAS THE APOSTLE SCHOOL
3350 ST. CATHERINE STREET
FLORISSANT, MISSOURI 63033

March 15, 1973

Dr. Warren Brown
Administration Building
FERGUSON-FLORISSANT SCHOOL DISTRICT
655 January Avenue
Ferguson, Missouri 63135

Dear Dr. Brown,

We wish to take this means to say thank you for allowing Mr. George Friesen to speak and give his Drug Abuse presentation lecture at our faculty meeting yesterday afternoon. I had previously heard Mr. Friesen speak at a meeting of our Principals and was most impressed with the information he had collected and with the way he conducted his talk. We contacted Mr. Friesen and he graciously gave two hours of his time to be with us. All our teachers enjoyed his lecture and felt they gained much information from his film strips and from the printed data he left with us. He was most gracious in answering all questions also.

Sincerely yours,

Sister Margaret Brennan C.S.J.
Sister Margaret Brennan, C.S.J.
Principal

SMB:cm

IV. DESCRIPTION OF MATERIALS PRODUCED BY THE PROJECT

The following section contains a description of the materials produced during Project Year 02. These materials fall into two main categories: 1) Resource Materials for the Teacher Training Program and 2) Drug Abuse Education Curriculum.

1. Resource Materials for the Teacher Training Program

   The workshop materials used in conjunction with the Project's Information and Communications Training Program have been previously submitted to the Title III office. These materials were given to the participants in the training program prior to each workshop and were designed to provide necessary background information in the area of drug abuse education. The same materials were used by the Project staff in conducting parent and community programs in drug abuse education. They were also made available to other school districts in the St. Louis area planning teacher training programs.

2. Drug Abuse Education Curriculum

   During the summer of Project Year 02, 41 district teachers worked with the Project staff revising Project Year 01's K-12 drug abuse curriculum. The revised title of the curriculum is "Decision-Making: A Focus on Self-Concept, Values, and Information." That curriculum is outlined below:

   a. Philosophy of the District's Drug Abuse Curriculum (to be included as part of the introduction to the Primary, Intermediate, and Secondary Curriculum)
   b. Teacher Guide to Primary and Intermediate Curriculum
   c. Primary Curriculum
   d. Intermediate Curriculum
   e. Secondary Curriculum
   f. Intermediate Student Unipacs.

   The Primary and Intermediate drug abuse curriculum and student unipacs described above have been previously submitted to the Title III office. The Secondary curriculum is currently in the process of final revision. Upon completion, a copy of this curriculum will be forwarded to the Title III office

V. APPENDIX

SECTION A: STUDENT EVALUATION INSTRUMENTS

	Page
"Drug Attitudinal Inventory for Elementary Grades"	116
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"Values Inventory of Behavioral Responses"	191
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"Drug Usage Inventory"	234

DRUG ATTITUDINAL INVENTORY
FOR ELEMENTARY GRADES
LEVEL 3-5

COLIN E. BOX
IRVIN W. COCKRIEL

SUMMARY OF SURVEY RESULTS FROM GROUP I

THIS IS NOT A TEST. ANSWER EACH QUESTION HONESTLY--THE WAY YOU REALLY BELIEVE. NO ONE WILL KNOW WHAT YOU ANSWER. WORK EACH PART AS DIRECTED.

I. PUT THE LETTER OF YOUR ANSWER IN THE BLANK.

_____ 1. I AM IN GRADE:
9.4% A. 2
24.0% B. 3
21.6% C. 4
28.6% D. 5
16.4% E. 6

_____ 2. I AM A:
49.5% A. BOY
49.8% B. GIRL

_____ 3. I AM:
16.4% A. 8 YEARS OLD
22.3% B. 9 YEARS OLD
22.6% C. 10 YEARS OLD
23.7% D. 11 YEARS OLD
15.0% E. 12 YEARS OLD

_____ 4. I LIVE WITH:
87.1% A. BOTH PARENTS
9.8% B. MY MOTHER
1.4% C. MY FATHER
0.3% D. MY GRANDPARENTS OR OTHERS

_____ 5. OTHER KIDS WANT ME IN THEIR GROUP BECAUSE:
11.1% A. I CAN DRAW
52.3% B. I'M FRIENDLY
8.0% C. I CAN PLAY BALL
9.4% D. I'M A GOOD READER
19.2% E. I'M GOOD AT GAMES

_____ 6. THE THING I DO BEST OF ALL IS:
19.2% A. GET GOOD GRADES
25.4% B. PLAY GAMES
19.2% C. READ
20.9% D. HELP OTHERS
15.3% E. GOOF OFF--MESS AROUND

_____ 7. I HAVE SNIFFED GLUE (TO GET HIGH) OR UNTIL I HAVE FELT DIZZY:
88.5% A. NEVER
5.6% B. 1 OR 2 TIMES
2.1% C. 3 TO 5 TIMES
3.8% D. MORE THAN 5 TIMES

______ 8. I FEEL MAD AFTER LOSING A GAME.
4.5% A. ALWAYS
4.5% B. MOST OF THE TIME
34.5% C. SOMETIMES
34.8% D. SELDOM
21.6% E. NEVER

______ 9. I HAVE USED MARIJUANA:
96.5% A. NEVER
1.0% B. 1 OR 2 TIMES
0.3% C. 3 OR 5 TIMES
1.4% D. MORE THAN 5 TIMES

______ 10. IT'S ALL RIGHT TO GET MAD AFTER LOSING A GAME.
4.5% A. ALWAYS
4.9% B. MOST OF THE TIME
33.4% C. SOMETIMES
24.0% D. SELDOM
33.1% E. NEVER

______ 11. I BECOME FRIGHTENED WHEN THE TEACHER ASKS ME A QUESTION.
3.8% A. ALWAYS
3.5% B. MOST OF THE TIME
23.7% C. SOMETIMES
31.7% D. SELDOM
37.3% E. NEVER

______ 12. WHEN I AM LOST I:

25.4% A. AM SCARED
1.7% B. CRY
65.9% C. ASK FOR HELP
6.6% D. AM HAPPY

______ 13. I FOLLOW THE RULES OF OUR CLASS.
32.1% A. ALWAYS
50.5% B. MOST OF THE TIME
11.8% C. SOMETIMES
4.2% D. SELDOM
1.4% E. NEVER

______ 14. WHEN IT IS CLEAN-UP TIME IN THE CLASSROOM, I:
28.6% A. ONLY CLEAN UP MY PART
69.7% B. HELP OTHERS CLEAN UP
1.0% C. I DON'T DO ANYTHING

______ 15. I WANT TO BE WITH MY FRIENDS:
30.7% A. ALWAYS
38.0% B. MOST OF THE TIME
26.1% C. SOMETIMES
3.8% D. SELDOM
1.4% E. NEVER

______ 16. CHILDREN IN OTHER PARTS OF THE WORLD DRESS ALIKE:
3.1% A. ALWAYS
8.7% B. MOST OF THE TIME
39.0% C. SOMETIMES
31.7% D. SELDOM
17.4% E. NEVER

______ 17. AT A RED LIGHT, I SHOULD:
9.1% A. NEVER CROSS THE STREET
46.0% B. CROSS IF NO CARS ARE COMING
44.3% C. WAIT FOR THE LIGHT TO CHANGE

______ 18. WE HAVE PATROL BOYS:
68.6% A. TO HELP ME CROSS THE STREET
12.2% B. TO REPORT ME WHEN I DO SOMETHING WRONG
3.8% C. BECAUSE THEY ARE THE TEACHER'S PETS
15.3% D. BECAUSE THEY ARE GOOD CITIZENS

______ 19. BOYS AND GIRLS ARE THROWING ROCKS ON THE PLAYGROUND. I WILL:
32.8% A. TELL THE TEACHER
4.5% B. START THROWING ROCKS WITH THEM
24.4% C. WALK AWAY
26.8% D. TELL THEM TO STOP
11.5% E. TELL THE PRINCIPAL

______ 20. I WANT A NEW TOY BECAUSE:
18.5% A. IT IS PRETTY
19.9% B. MY FRIENDS HAVE ONE
33.1% C. I'VE SEEN IT ON T. V.
27.9% D. IT'S GOOD FOR ME

______ 21. WHEN MY TEACHER IS HAPPY:
15.3% A. I WORK MORE
7.0% B. I GOOF-OFF MORE
47.4% C. I ENJOY SCHOOL MORE
30.3% D. I FEEL BETTER

_____ 22. AT SCHOOL WE LEARN THAT THERE IS MORE THAN ONE WAY TO DO THINGS:

22.0%	A.	ALWAYS
41.1%	B.	MOST OF THE TIME
31.7%	C.	SOMETIMES
2.8%	D.	SELDOM
2.4%	E.	NEVER

_____ 23. TWO PEOPLE DON'T AGREE. CAN THEY BOTH BE RIGHT?

7.7%	A.	ALWAYS
9.1%	B.	MOST OF THE TIME
53.3%	C.	SOMETIMES
18.1%	D.	SELDOM
11.8%	E.	NEVER

_____ 24. I CAN TELL WHEN THE TEACHER IS MAD:

35.5%	A.	ALWAYS
40.1%	B.	MOST OF THE TIME
17.4%	C.	SOMETIMES
5.2%	D.	SELDOM
1.7%	E.	NEVER

_____ 25. I WORK MORE AT SCHOOL WHEN THE TEACHER IS:

9.8%	A.	SAD
73.9%	B.	HAPPY
16.4%	C.	MAD

_____ 26. I CAN TELL WHEN MY FRIENDS WANT ME TO STOP DOING SOMETHING:

27.9%	A.	ALWAYS
34.8%	B.	MOST OF THE TIME
27.5%	C.	SOMETIMES
8.4%	D.	SELDOM
1.4%	E.	NEVER

_____ 27. I HAVE SMOKED CIGARETTES:

68.3%	A.	NEVER
18.1%	B.	1 OR 2 TIMES
6.3%	C.	3 TO 5 TIMES
7.3%	D.	MORE THAN 5 TIMES

II. PRETEND THESE DRUGS ARE IN YOUR HOME.

PUT A CHECK IN THE BLANK THAT TELLS YOUR ANSWER TO EACH STATEMENT. USE ONLY ONE CHECK FOR EACH STATEMENT.

		YES	NO	DO NOT KNOW
28.	IF I HAD TROUBLE SLEEPING SOME NIGHT I WOULD TAKE ONE OF MY PARENT'S SLEEPING PILLS WITHOUT ASKING.	2.8%	94.1%	2.8%
29.	IF I FELT LIKE I WAS GAINING WEIGHT, I WOULD TAKE SOME OF MY PARENT'S DIET PILLS WITHOUT ASKING.	1.7%	93.0%	4.9%
30.	IF I WERE HOME ALONE AND HAD A HEADACHE, I WOULD TAKE ASPIRIN.	34.1%	47.0%	18.8%
31.	IF I FOUND A PACK OF CIGARETTES, I WOULD SMOKE SOME OF THEM.	4.5%	88.5%	7.0%
32.	IF I WERE GOING TO A SLUMBER OR PAJAMA PARTY AND WAS AFRAID I WOULD BE THE FIRST TO GO TO SLEEP, I WOULD TAKE A STAY-AWAKE PILL.	7.0%	83.3%	9.8%
33.	IF I HAD A COUGH, I WOULD TAKE COUGH MEDICINE WITHOUT BEING TOLD.	15.0%	68.3%	16.7%
34.	I WOULD DRINK ALCOHOL (BEER, WINE) WITHOUT MY PARENT'S PERMISSION.	10.5%	84.3%	5.2%

III. CHECK THE BLANK THAT TELLS YOUR ANSWER TO EACH STATEMENT. USE ONLY ONE CHECK FOR EACH STATEMENT.

		YES	NO	DO NOT KNOW
35.	MARIJUANA CAN BE HARMFUL TO ME.	79.8%	7.3%	12.9%

		YES	NO	DO NOT KNOW
36.	MORE POOR PEOPLE USE DRUGS THAN RICH PEOPLE.	17.8%	23.0%	59.0%
37.	THE USE OF DRUGS COULD MAKE ME SMARTER.	7.3%	82.2%	10.5%
38.	DRUGS ARE BAD.	79.4%	9.4%	11.1%
39.	I WOULD NOT TAKE PILLS OR MEDICINES UNLESS MY DOCTOR OR PARENTS TOLD ME TO TAKE THEM.	71.8%	16.0%	12.2%
40.	I WOULD TAKE A DRUG IF MY BEST FRIEND SAID IT WAS ALRIGHT.	7.3%	88.2%	4.5%
41.	I WOULD TAKE A DRUG ON A DARE.	8.7%	85.7%	5.6%
42.	MARIJUANA USERS ARE INVOLVED IN CRIMES SUCH AS STEALING AND MURDERS.	56.8%	13.6%	29.6%
43.	IF I USED MARIJUANA, IT COULD LEAD TO THE USE OF OTHER DRUGS.	70.7%	10.5%	18.8%
44.	I WOULD TAKE A DRUG IF EVERYBODY ELSE WERE TAKING IT.	8.7%	83.6%	7.7%
45.	SNIFFING GLUE WOULD BE HARMFUL TO ME.	65.9%	15.3%	18.8%
46.	I WOULD SNIFF GLUE IF MY FRIEND DID.	11.1%	79.4%	9.4%
47.	MISUSING DRUGS WHEN YOU ARE YOUNG CAN AFFECT YOUR HEALTH WHEN YOU GET OLDER.	73.9%	9.1%	17.1%
48.	SNIFFING GLUE HELPS YOU DO BETTER IN SCHOOL.	5.6%	88.5%	5.9%
49.	DRINKING RUBBING ALCOHOL WOULD POISON ME.	62.4%	8.4%	29.3%

		YES	NO	DO NOT KNOW
50.	ALCOHOL IS USED ONLY AS A DRINK	12.5%	66.9%	20.6%
51.	IF I SNIFF GLUE IT COULD LEAD ME TO THE USE OF OTHER DRUGS.	52.6%	15.3%	32.1%
52.	YOUNG PEOPLE SNIFF GLUE BECAUSE THEIR FRIENDS DO.	26.1%	25.8%	48.1%
53.	IF I FOUND A DRUG THAT MADE ME FEEL GOOD I WOULD GIVE IT TO MY FRIENDS.	8.0%	77.0%	15.0%

DRUG ATTITUDINAL INVENTORY

FOR ELEMENTARY GRADES

LEVEL 3-5

COLIN E. BOX
IRVIN W. COCKRIEL

SUMMARY OF SURVEY RESULTS FROM GROUP II

THIS IS NOT A TEST. ANSWER EACH QUESTION HONESTLY--THE WAY YOU REALLY BELIEVE. NO ONE WILL KNOW WHAT YOU ANSWER. WORK EACH PART AS DIRECTED.

I. PUT THE LETTER OF YOUR ANSWER IN THE BLANK.

_____ 1. I AM IN GRADE:

0.0%	A.	2
56.3%	B.	3
0.0%	C.	4
43.2%	D.	5
0.5%	E.	6

_____ 2. I AM A:

50.5%	A.	BOY
49.5%	B.	GIRL

_____ 3. I AM:

16.1%	A.	8 YEARS OLD
38.6%	B.	9 YEARS OLD
12.6%	C.	10 YEARS OLD
29.2%	D.	11 YEARS OLD
3.5%	E.	12 YEARS OLD

_____ 4. I LIVE WITH:

87.6%	A.	BOTH PARENTS
10.5%	B.	MY MOTHER
1.4%	C.	MY FATHER
0.5%	D.	MY GRANDPARENTS OR OTHERS

_____ 5. OTHER KIDS WANT ME IN THEIR GROUP BECAUSE:

9.6%	A.	I CAN DRAW
46.7%	B.	I'M FRIENDLY
12.1%	C.	I CAN PLAY BALL
10.3%	D.	I'M A GOOD READER
21.3%	E.	I'M GOOD AT GAMES

_____ 6. THE THING I DO BEST OF ALL IS:

20.6%	A.	GET GOOD GRADES
26.6%	B.	PLAY GAMES
15.9%	C.	READ
19.9%	D.	HELP OTHERS
17.1%	E.	GOOF OFF--MESS AROUND

_____ 7. I HAVE SNIFFED GLUE (TO GET HIGH) OR UNTIL I HAVE FELT DIZZY:

86.9%	A.	NEVER
9.3%	B.	1 OR 2 TIMES
1.2%	C.	3 TO 5 TIMES
2.6%	D.	MORE THAN 5 TIMES

______ 8. I FEEL MAD AFTER LOSING A GAME.
2.3% A. ALWAYS
5.6% B. MOST OF THE TIME
32.2% C. SOMETIMES
42.8% D. SELDOM
17.1% E. NEVER

______ 9. I HAVE USED MARIJUANA:
98.6% A. NEVER
0.9% B. 1 OR 2 TIMES
0.2% C. 3 OR 5 TIMES
0.2% D. MORE THAN 5 TIMES

______ 10. IT'S ALL RIGHT TO GET MAD AFTER LOSING A GAME.
2.6% A. ALWAYS
3.3% B. MOST OF THE TIME
31.5% C. SOMETIMES
32.5% D. SELDOM
30.1% E. NEVER

______ 11. I BECOME FRIGHTENED WHEN THE TEACHER ASKS ME A QUESTION.
2.8% A. ALWAYS
3.7% B. MOST OF THE TIME
18.9% C. SOMETIMES
29.2% D. SELDOM
45.3% E. NEVER

______ 12. WHEN I AM LOST I:
29.7% A. AM SCARED
2.1% B. CRY
62.9% C. ASK FOR HELP
5.1% D. AM HAPPY

______ 13. I FOLLOW THE RULES OF OUR CLASS.
27.6% A. ALWAYS
51.4% B. MOST OF THE TIME
12.4% C. SOMETIMES
6.1% D. SELDOM
2.6% E. NEVER

______ 14. WHEN IT IS CLEAN-UP TIME IN THE CLASSROOM, I:
32.2% A. ONLY CLEAN UP MY PART
65.7% B. HELP OTHERS CLEAN UP
1.6% C. I DON'T DO ANYTHING

_____ 15. I WANT TO BE WITH MY FRIENDS:

32.5% A. ALWAYS
45.8% B. MOST OF THE TIME
19.9% C. SOMETIMES
1.4% D. SELDOM
0.5% E. NEVER

_____ 16. CHILDREN IN OTHER PARTS OF THE WORLD DRESS ALIKE:

2.6% A. ALWAYS
9.3% B. MOST OF THE TIME
34.6% C. SOMETIMES
34.3% D. SELDOM
19.2% E. NEVER

_____ 17. AT A RED LIGHT, I SHOULD:

8.9% A. NEVER CROSS THE STREET
36.2% B. CROSS IF NO CARS ARE COMING
54.4% C. WAIT FOR THE LIGHT TO CHANGE

_____ 18. WE HAVE PATROL BOYS:

78.0% A. TO HELP ME CROSS THE STREET
5.6% B. TO REPORT ME WHEN I DO SOMETHING WRONG
3.0% C. BECAUSE THEY ARE THE TEACHER'S PETS
13.3% D. BECAUSE THEY ARE GOOD CITIZENS

_____ 19. BOYS AND GIRLS ARE THROWING ROCKS ON THE PLAYGROUND. I WILL:

33.4% A. TELL THE TEACHER
3.5% B. START THROWING ROCKS WITH THEM
24.5% C. WALK AWAY
28.0% D. TELL THEM TO STOP
10.5% E. TELL THE PRINCIPAL

_____ 20. I WANT A NEW TOY BECAUSE:

19.2% A. IT IS PRETTY
17.8% B. MY FRIENDS HAVE ONE
38.8% C. I'VE SEEN IT ON T. V.
24.3% D. IT'S GOOD FOR ME

_____ 21. WHEN MY TEACHER IS HAPPY:

7.7% A. I WORK MORE
4.2% B. I GOOF-OFF MORE
50.9% C. I ENJOY SCHOOL MORE
37.1% D. I FEEL BETTER

_____ 22. AT SCHOOL WE LEARN THAT THERE IS MORE THAN ONE WAY TO DO THINGS:

24.3% A. ALWAYS
38.8% B. MOST OF THE TIME
30.6% C. SOMETIMES
5.6% D. SELDOM
0.7% E. NEVER

_____ 23. TWO PEOPLE DON'T AGREE. CAN THEY BOTH BE RIGHT?

2.6% A. ALWAYS
5.6% B. MOST OF THE TIME
50.9% C. SOMETIMES
23.4% D. SELDOM
17.5% E. NEVER

_____ 24. I CAN TELL WHEN THE TEACHER IS MAD:

46.5% A. ALWAYS
32.5% B. MOST OF THE TIME
15.4% C. SOMETIMES
4.2% D. SELDOM
1.4% E. NEVER

_____ 25. I WORK MORE AT SCHOOL WHEN THE TEACHER IS:

6.1% A. SAD
76.4% B. HAPPY
17.3% C. MAD

_____ 26. I CAN TELL WHEN MY FRIENDS WANT ME TO STOP DOING SOMETHING:

29.0% A. ALWAYS
36.9% B. MOST OF THE TIME
26.6% C. SOMETIMES
5.8% D. SELDOM
1.6% E. NEVER

_____ 27. I HAVE SMOKED CIGARETTES:

68.5% A. NEVER
21.5% B. 1 OR 2 TIMES
3.3% C. 3 TO 5 TIMES
6.8% D. MORE THAN 5 TIMES

II. PRETEND THESE DRUGS ARE IN YOUR HOME.

PUT A CHECK IN THE BLANK THAT TELLS YOUR ANSWER TO EACH STATEMENT. USE ONLY ONE CHECK FOR EACH STATEMENT.

		YES	NO	DO NOT KNOW
28.	IF I HAD TROUBLE SLEEPING SOME NIGHT I WOULD TAKE ONE OF MY PARENT'S SLEEPING PILLS WITHOUT ASKING.	1.9%	78.7%	19.4%
29.	IF I FELT LIKE I WAS GAINING WEIGHT, I WOULD TAKE SOME OF MY PARENT'S DIET PILLS WITHOUT ASKING.	1.4%	75.2%	23.4%
30.	IF I WERE HOME ALONE AND HAD A HEADACHE, I WOULD TAKE ASPIRIN.	23.1%	48.6%	28.3%
31.	IF I FOUND A PACK OF CIGARETTES, I WOULD SMOKE SOME OF THEM.	4.9%	72.9%	22.2%
32.	IF I WERE GOING TO A SLUMBER OR PAJAMA PARTY AND WAS AFRAID I WOULD BE THE FIRST TO GO TO SLEEP, I WOULD TAKE A STAY-AWAKE PILL.	4.7%	68.5%	26.9%
33.	IF I HAD A COUGH, I WOULD TAKE COUGH MEDICINE WITHOUT BEING TOLD.	9.6%	65.7%	24.5%
34.	I WOULD DRINK ALCOHOL (BEER, WINE) WITHOUT MY PARENT'S PERMISSION.	6.5%	72.7%	20.8%

III. CHECK THE BLANK THAT TELLS YOUR ANSWER TO EACH STATEMENT. USE ONLY ONE CHECK FOR EACH STATEMENT.

		YES	NO	DO NOT KNOW
35.	MARIJUANA CAN BE HARMFUL TO ME.	84.8%	3.7%	11.4%

		YES	NO	DO NOT KNOW
36.	MORE POOR PEOPLE USE DRUGS THAN RICH PEOPLE.	14.7%	30.8%	54.4%
37.	THE USE OF DRUGS COULD MAKE ME SMARTER.	5.1%	68.2%	26.6%
38.	DRUGS ARE BAD.	73.6%	10.7%	15.7%
39.	I WOULD NOT TAKE PILLS OR MEDICINES UNLESS MY DOCTOR OR PARENTS TOLD ME TO TAKE THEM.	75.5%	12.6%	11.9%
40.	I WOULD TAKE A DRUG IF MY BEST FRIEND SAID IT WAS ALRIGHT.	3.3%	77.3%	19.4%
41.	I WOULD TAKE A DRUG ON A DARE.	5.8%	74.1%	19.9%
42.	MARIJUANA USERS ARE INVOLVED IN CRIMES SUCH AS STEALING AND MURDERS.	48.1%	12.1%	39.7%
43.	IF I USED MARIJUANA, IT COULD LEAD TO THE USE OF OTHER DRUGS.	74.3%	6.5%	19.2%
44.	I WOULD TAKE A DRUG IF EVERYBODY ELSE WERE TAKING IT.	4.7%	72.4%	22.7%
45.	SNIFFING GLUE WOULD BE HARMFUL TO ME.	67.3%	11.4%	21.3%
46.	I WOULD SNIFF GLUE IF MY FRIEND DID.	5.4%	69.9%	24.8%
47.	MISUSING DRUGS WHEN YOU ARE YOUNG CAN AFFECT YOUR HEALTH WHEN YOU GET OLDER.	74.5%	6.1%	19.4%
48.	SNIFFING GLUE HELPS YOU DO BETTER IN SCHOOL.	3.5%	74.5%	22.0%
49.	DRINKING RUBBING ALCOHOL WOULD POISON ME.	64.0%	7.5%	28.5%

		YES	NO	DO NOT KNOW
50.	ALCOHOL IS USED ONLY AS A DRINK	6.8%	58.2%	35.0%
51.	IF I SNIFF GLUE IT COULD LEAD ME TO THE USE OF OTHER DRUGS.	50.2%	11.9%	37.9%
52.	YOUNG PEOPLE SNIFF GLUE BECAUSE THEIR FRIENDS DO.	32.9%	22.2%	44.9%
53.	IF I FOUND A DRUG THAT MADE ME FEEL GOOD I WOULD GIVE IT TO MY FRIENDS.	6.3%	64.3%	29.4%

DRUG ATTITUDINAL INVENTORY

FOR ELEMENTARY GRADES

LEVEL 3-5

COLIN E. BOX
IRVIN W. COCKRIEL

SUMMARY OF SURVEY RESULTS FROM GROUP III

THIS IS NOT A TEST. ANSWER EACH QUESTION HONESTLY--THE WAY YOU REALLY BELIEVE. NO ONE WILL KNOW WHAT YOU ANSWER. WORK EACH PART AS DIRECTED.

I. PUT THE LETTER OF YOUR ANSWER IN THE BLANK.

______ 1. I AM IN GRADE:
0.0% A. 2
46.9% B. 3
16.0% C. 4
0.6% D. 5
36.4% E. 6

______ 2. I AM A:
46.3% A. BOY
53.7% B. GIRL

______ 3. I AM:
18.5% A. 8 YEARS OLD
32.1% B. 9 YEARS OLD
10.5% C. 10 YEARS OLD
13.0% D. 11 YEARS OLD
25.9% E. 12 YEARS OLD

______ 4. I LIVE WITH:
78.4% A. BOTH PARENTS
17.3% B. MY MOTHER
3.1% C. MY FATHER
1.2% D. MY GRANDPARENTS OR OTHERS

______ 5. OTHER KIDS WANT ME IN THEIR GROUP BECAUSE:
10.5% A. I CAN DRAW
48.1% B. I'M FRIENDLY
11.7% C. I CAN PLAY BALL
8.6% D. I'M A GOOD READER
21.0% E. I'M GOOD AT GAMES

______ 6. THE THING I DO BEST OF ALL IS:
27.2% A. GET GOOD GRADES
17.9% B. PLAY GAMES
16.0% C. READ
16.0% D. HELP OTHERS
22.8% E. GOOF OFF--MESS AROUND

______ 7. I HAVE SNIFFED GLUE (TO GET HIGH) OR UNTIL I HAVE FELT DIZZY:
87.0% A. NEVER
10.5% B. 1 OR 2 TIMES
0.0% C. 3 TO 5 TIMES.
1.2% D. MORE THAN 5 TIMES

______ 8. I FEEL MAD AFTER LOSING A GAME.

6.2% A. ALWAYS
6.8% B. MOST OF THE TIME
39.5% C. SOMETIMES
37.0% D. SELDOM
10.5% E. NEVER

______ 9. I HAVE USED MARIJUANA:

93.8% A. NEVER
1.2% B. 1 OR 2 TIMES
3.1% C. 3 OR 5 TIMES
1.9% D. MORE THAN 5 TIMES

______ 10. IT'S ALL RIGHT TO GET MAD AFTER LOSING A GAME.

3.1% A. ALWAYS
3.1% B. MOST OF THE TIME
34.6% C. SOMETIMES
32.7% D. SELDOM
26.5% E. NEVER

______ 11. I BECOME FRIGHTENED WHEN THE TEACHER ASKS ME A QUESTION.

4.9% A. ALWAYS
6.8% B. MOST OF THE TIME
24.1% C. SOMETIMES
34.6% D. SELDOM
29.6% E. NEVER

______ 12. WHEN I AM LOST I:

23.5% A. AM SCARED
4.3% B. CRY
61.1% C. ASK FOR HELP
11.1% D. AM HAPPY

______ 13. I FOLLOW THE RULES OF OUR CLASS.

19.1% A. ALWAYS
42.0% B. MOST OF THE TIME
27.2% C. SOMETIMES
9.9% D. SELDOM
1.9% E. NEVER

______ 14. WHEN IT IS CLEAN-UP TIME IN THE CLASSROOM, I:

40.1% A. ONLY CLEAN UP MY PART
53.1% B. HELP OTHERS CLEAN UP
4.9% C. I DON'T DO ANYTHING

______ 15. I WANT TO BE WITH MY FRIENDS:
35.8% A. ALWAYS
42.0% B. MOST OF THE TIME
19.8% C. SOMETIMES
2.5% D. SELDOM
0.0% E. NEVER

______ 16. CHILDREN IN OTHER PARTS OF THE WORLD DRESS ALIKE:
2.5% A. ALWAYS
7.4% B. MOST OF THE TIME
37.7% C. SOMETIMES
32.7% D. SELDOM
19.8% E. NEVER

______ 17. AT A RED LIGHT, I SHOULD:
8.6% A. NEVER CROSS THE STREET
38.9% B. CROSS IF NO CARS ARE COMING
51.2% C. WAIT FOR THE LIGHT TO CHANGE

______ 18. WE HAVE PATROL BOYS:
59.3% A. TO HELP ME CROSS THE STREET
20.4% B. TO REPORT ME WHEN I DO SOMETHING WRONG
6.8% C. BECAUSE THEY ARE THE TEACHER'S PETS
13.0% D. BECAUSE THEY ARE GOOD CITIZENS

______ 19. BOYS AND GIRLS ARE THROWING ROCKS ON THE PLAYGROUND. I WILL:
24.7% A. TELL THE TEACHER
8.6% B. START THROWING ROCKS WITH THEM
36.4% C. WALK AWAY
17.3% D. TELL THEM TO STOP
13.0% E. TELL THE PRINCIPAL

______ 20. I WANT A NEW TOY BECAUSE:
21.6% A. IT IS PRETTY
15.4% B. MY FRIENDS HAVE ONE
34.6% C. I'VE SEEN IT ON T. V.
27.8% D. IT'S GOOD FOR ME

______ 21. WHEN MY TEACHER IS HAPPY:
18.5% A. I WORK MORE
9.3% B. I GOOF-OFF MORE
45.7% C. I ENJOY SCHOOL MORE
25.9% D. I FEEL BETTER

______ 22. AT SCHOOL WE LEARN THAT THERE IS MORE THAN ONE WAY TO DO THINGS:

30.9% A. ALWAYS
35.2% B. MOST OF THE TIME
29.0% C. SOMETIMES
3.1% D. SELDOM
1.9% E. NEVER

______ 23. TWO PEOPLE DON'T AGREE. CAN THEY BOTH BE RIGHT?

1.2% A. ALWAYS
11.7% B. MOST OF THE TIME
50.0% C. SOMETIMES
15.4% D. SELDOM
21.6% E. NEVER

______ 24. I CAN TELL WHEN THE TEACHER IS MAD:

44.4% A. ALWAYS
27.2% B. MOST OF THE TIME
23.5% C. SOMETIMES
2.5% D. SELDOM
2.5% E. NEVER

______ 25. I WORK MORE AT SCHOOL WHEN THE TEACHER IS:

8.6% A. SAD
75.3% B. HAPPY
16.0% C. MAD

______ 26. I CAN TELL WHEN MY FRIENDS WANT ME TO STOP DOING SOMETHING:

24.1% A. ALWAYS
34.0% B. MOST OF THE TIME
29.6% C. SOMETIMES
7.4% D. SELDOM
4.9% E. NEVER

______ 27. I HAVE SMOKED CIGARETTES:

53.7% A. NEVER
19.1% B. 1 OR 2 TIMES
1.9% C. 3 TO 5 TIMES
25.3% D. MORE THAN 5 TIMES

II. PRETEND THESE DRUGS ARE IN YOUR HOME.

PUT A CHECK IN THE BLANK THAT TELLS YOUR ANSWER TO EACH STATEMENT. USE ONLY ONE CHECK FOR EACH STATEMENT.

		YES	NO	DO NOT KNOW
28.	IF I HAD TROUBLE SLEEPING SOME NIGHT I WOULD TAKE ONE OF MY PARENT'S SLEEPING PILLS WITHOUT ASKING.	2.5%	75.3%	22.2%
29.	IF I FELT LIKE I WAS GAINING WEIGHT, I WOULD TAKE SOME OF MY PARENT'S DIET PILLS WITHOUT ASKING.	2.5%	74.7%	22.8%
30.	IF I WERE HOME ALONE AND HAD A HEADACHE, I WOULD TAKE ASPIRIN.	46.3%	35.2%	18.5%
31.	IF I FOUND A PACK OF CIGARETTES, I WOULD SMOKE SOME OF THEM.	13.0%	66.7%	20.4%
32.	IF I WERE GOING TO A SLUMBER OR PAJAMA PARTY AND WAS AFRAID I WOULD BE THE FIRST TO GO TO SLEEP, I WOULD TAKE A STAY-AWAKE PILL.	6.2%	69.1%	24.7%
33.	IF I HAD A COUGH, I WOULD TAKE COUGH MEDICINE WITHOUT BEING TOLD.	22.8%	54.9%	22.2%
34.	I WOULD DRINK ALCOHOL (BEER, WINE) WITHOUT MY PARENT'S PERMISSION.	14.2%	67.3%	18.5%

III. CHECK THE BLANK THAT TELLS YOUR ANSWER TO EACH STATEMENT. USE ONLY ONE CHECK FOR EACH STATEMENT.

		YES	NO	DO NOT KNOW
35.	MARIJUANA CAN BE HARMFUL TO ME.	75.3%	13.0%	11.7%

		YES	NO	DO NOT KNOW
36.	MORE POOR PEOPLE USE DRUGS THAN RICH PEOPLE.	10.5%	32.7%	56.8%
37.	THE USE OF DRUGS COULD MAKE ME SMARTER.	3.7%	70.4%	25.9%
38.	DRUGS ARE BAD.	66.7%	11.1%	22.2%
39.	I WOULD NOT TAKE PILLS OR MEDICINES UNLESS MY DOCTOR OR PARENTS TOLD ME TO TAKE THEM.	46.3%	34.0%	19.8%
40.	I WOULD TAKE A DRUG IF MY BEST FRIEND SAID IT WAS ALRIGHT.	3.7%	73.5%	22.8%
41.	I WOULD TAKE A DRUG ON A DARE.	6.2%	71.0%	22.8%
42.	MARIJUANA USERS ARE INVOLVED IN CRIMES SUCH AS STEALING AND MURDERS.	40.7%	19.1%	40.1%
43.	IF I USED MARIJUANA, IT COULD LEAD TO THE USE OF OTHER DRUGS.	65.4%	15.4%	19.1%
44.	I WOULD TAKE A DRUG IF EVERYBODY ELSE WERE TAKING IT.	6.8%	71.6%	21.6%
45.	SNIFFING GLUE WOULD BE HARMFUL TO ME.	67.3%	17.3%	15.4%
46.	I WOULD SNIFF GLUE IF MY FRIEND DID.	8.6%	67.3%	24.1%
47.	MISUSING DRUGS WHEN YOU ARE YOUNG CAN AFFECT YOUR HEALTH WHEN YOU GET OLDER.	67.9%	14.8%	17.3%
48.	SNIFFING GLUE HELPS YOU DO BETTER IN SCHOOL.	3.1%	72.8%	24.1%
49.	DRINKING RUBBING ALCOHOL WOULD POISON ME.	61.7%	14.8%	23.5%

		YES	NO	DO NOT KNOW
50.	ALCOHOL IS USED ONLY AS A DRINK	11.7%	61.7%	26.5%
51.	IF I SNIFF GLUE IT COULD LEAD ME TO THE USE OF OTHER DRUGS.	52.5%	17.3%	30.2%
52.	YOUNG PEOPLE SNIFF GLUE BECAUSE THEIR FRIENDS DO.	25.9%	28.4%	45.7%
53.	IF I FOUND A DRUG THAT MADE ME FEEL GOOD I WOULD GIVE IT TO MY FRIENDS.	12.3%	64.2%	23.5%

DRUG ATTITUDINAL INVENTORY

FOR ELEMENTARY GRADES

LEVEL 3-5

COLIN E. BOX
IRVIN W. COCKRIEL

SUMMARY OF SURVEY RESULTS FROM GROUP IV

THIS IS NOT A TEST. ANSWER EACH QUESTION HONESTLY--THE WAY YOU REALLY BELIEVE. NO ONE WILL KNOW WHAT YOU ANSWER. WORK EACH PART AS DIRECTED.

I. PUT THE LETTER OF YOUR ANSWER IN THE BLANK.

_____ 1. I AM IN GRADE:

0.4%	A.	2
18.9%	B.	3
3.5%	C.	4
44.0%	D.	5
33.2%	E.	6

_____ 2. I AM A:

49.8%	A.	BOY
49.8%	B.	GIRL

_____ 3. I AM:

3.5%	A.	8 YEARS OLD
15.8%	B.	9 YEARS OLD
16.2%	C.	10 YEARS OLD
34.4%	D.	11 YEARS OLD
30.1%	E.	12 YEARS OLD

_____ 4. I LIVE WITH:

84.2%	A.	BOTH PARENTS
10.8%	B.	MY MOTHER
0.8%	C.	MY FATHER
4.2%	D.	MY GRANDPARENTS OR OTHERS

_____ 5. OTHER KIDS WANT ME IN THEIR GROUP BECAUSE:

10.8%	A.	I CAN DRAW
49.4%	B.	I'M FRIENDLY
9.7%	C.	I CAN PLAY BALL
6.2%	D.	I'M A GOOD READER
23.9%	E.	I'M GOOD AT GAMES

_____ 6. THE THING I DO BEST OF ALL IS:

20.8%	A.	GET GOOD GRADES
26.3%	B.	PLAY GAMES
16.6%	C.	READ
18.1%	D.	HELP OTHERS
18.1%	E.	GOOF OFF--MESS AROUND

_____ 7. I HAVE SNIFFED GLUE (TO GET HIGH) OR UNTIL I HAVE FELT DIZZY:

86.1%	A.	NEVER
8.9%	B.	1 OR 2 TIMES
2.3%	C.	3 TO 5 TIMES
2.7%	D.	MORE THAN 5 TIMES

_____ 8. I FEEL MAD AFTER LOSING A GAME.

4.6%	A.	ALWAYS
2.7%	B.	MOST OF THE TIME
31.7%	C.	SOMETIMES
43.2%	D.	SELDOM
17.8%	E.	NEVER

_____ 9. I HAVE USED MARIJUANA:

97.3%	A.	NEVER
1.5%	B.	1 OR 2 TIMES
0.0%	C.	3 OR 5 TIMES
1.2%	D.	MORE THAN 5 TIMES

_____ 10. IT'S ALL RIGHT TO GET MAD AFTER LOSING A GAME.

5.4%	A.	ALWAYS
3.9%	B.	MOST OF THE TIME
34.7%	C.	SOMETIMES
26.6%	D.	SELDOM
29.3%	E.	NEVER

_____ 11. I BECOME FRIGHTENED WHEN THE TEACHER ASKS ME A QUESTION.

4.2%	A.	ALWAYS
3.1%	B.	MOST OF THE TIME
22.4%	C.	SOMETIMES
29.0%	D.	SELDOM
41.3%	E.	NEVER

_____ 12. WHEN I AM LOST I:

18.5%	A.	AM SCARED
1.9%	B.	CRY
71.8%	C.	ASK FOR HELP
7.7%	D.	AM HAPPY

_____ 13. I FOLLOW THE RULES OF OUR CLASS.

27.4%	A.	ALWAYS
51.4%	B.	MOST OF THE TIME
13.5%	C.	SOMETIMES
6.2%	D.	SELDOM
1.5%	E.	NEVER

_____ 14. WHEN IT IS CLEAN-UP TIME IN THE CLASSROOM, I:

42.9%	A.	ONLY CLEAN UP MY PART
51.4%	B.	HELP OTHERS CLEAN UP
5.4%	C.	I DON'T DO ANYTHING

______ 15. I WANT TO BE WITH MY FRIENDS:
30.1% A. ALWAYS
49.4% B. MOST OF THE TIME
18.1% C. SOMETIMES
1.5% D. SELDOM
0.8% E. NEVER

______ 16. CHILDREN IN OTHER PARTS OF THE WORLD DRESS ALIKE:
1.9% A. ALWAYS
5.4% B. MOST OF THE TIME
42.1% C. SOMETIMES
32.0% D. SELDOM
18.5% E. NEVER

______ 17. AT A RED LIGHT, I SHOULD:
15.8% A. NEVER CROSS THE STREET
40.9% B. CROSS IF NO CARS ARE COMING
42.9% C. WAIT FOR THE LIGHT TO CHANGE

______ 18. WE HAVE PATROL BOYS:
64.9% A. TO HELP ME CROSS THE STREET
10.4% B. TO REPORT ME WHEN I DO SOMETHING WRONG
7.3% C. BECAUSE THEY ARE THE TEACHER'S PETS
17.4% D. BECAUSE THEY ARE GOOD CITIZENS

______ 19. BOYS AND GIRLS ARE THROWING ROCKS ON THE PLAYGROUND. I WILL:
26.3% A. TELL THE TEACHER
9.3% B. START THROWING ROCKS WITH THEM
35.9% C. WALK AWAY
20.8% D. TELL THEM TO STOP
7.7% E. TELL THE PRINCIPAL

______ 20. I WANT A NEW TOY BECAUSE:
17.8% A. IT IS PRETTY
14.3% B. MY FRIENDS HAVE ONE
32.8% C. I'VE SEEN IT ON T. V.
34.7% D. IT'S GOOD FOR ME

______ 21. WHEN MY TEACHER IS HAPPY:
7.7% A. I WORK MORE
10.8% B. I GOOF-OFF MORE
48.6% C. I ENJOY SCHOOL MORE
32.4% D. I FEEL BETTER

______ 22. AT SCHOOL WE LEARN THAT THERE IS MORE THAN ONE WAY TO DO THINGS:
27.0% A. ALWAYS
35.5% B. MOST OF THE TIME
30.1% C. SOMETIMES
5.0% D. SELDOM
2.3% E. NEVER

______ 23. TWO PEOPLE DON'T AGREE. CAN THEY BOTH BE RIGHT?
3.1% A. ALWAYS
11.6% B. MOST OF THE TIME
54.8% C. SOMETIMES
19.7% D. SELDOM
10.8% E. NEVER

______ 24. I CAN TELL WHEN THE TEACHER IS MAD:
51.7% A. ALWAYS
29.7% B. MOST OF THE TIME
13.5% C. SOMETIMES
4.2% D. SELDOM
0.8% E. NEVER

______ 25. I WORK MORE AT SCHOOL WHEN THE TEACHER IS:
4.6% A. SAD
76.8% B. HAPPY
17.8% C. MAD

______ 26. I CAN TELL WHEN MY FRIENDS WANT ME TO STOP DOING SOMETHING:
31.3% A. ALWAYS
41.7% B. MOST OF THE TIME
17.4% C. SOMETIMES
6.9% D. SELDOM
2.7% E. NEVER

______ 27. I HAVE SMOKED CIGARETTES:
62.2% A. NEVER
15.1% B. 1 OR 2 TIMES
5.8% C. 3 TO 5 TIMES
16.6% D. MORE THAN 5 TIMES

II. PRETEND THESE DRUGS ARE IN YOUR HOME.

PUT A CHECK IN THE BLANK THAT TELLS YOUR ANSWER TO EACH STATEMENT. USE ONLY ONE CHECK FOR EACH STATEMENT.

		YES	NO	DO NOT KNOW
28.	IF I HAD TROUBLE SLEEPING SOME NIGHT I WOULD TAKE ONE OF MY PARENT'S SLEEPING PILLS WITHOUT ASKING.	2.7%	59.1%	38.2%
29.	IF I FELT LIKE I WAS GAINING WEIGHT, I WOULD TAKE SOME OF MY PARENT'S DIET PILLS WITHOUT ASKING.	4.2%	57.1%	38.6%
30.	IF I WERE HOME ALONE AND HAD A HEADACHE, I WOULD TAKE ASPIRIN.	42.1%	34.4%	23.6%
31.	IF I FOUND A PACK OF CIGARETTES, I WOULD SMOKE SOME OF THEM.	10.0%	52.1%	37.5%
32.	IF I WERE GOING TO A SLUMBER OR PAJAMA PARTY AND WAS AFRAID I WOULD BE THE FIRST TO GO TO SLEEP, I WOULD TAKE A STAY-AWAKE PILL.	6.9%	57.5%	35.5%
33.	IF I HAD A COUGH, I WOULD TAKE COUGH MEDICINE WITHOUT BEING TOLD.	20.8%	42.9%	36.3%
34.	I WOULD DRINK ALCOHOL (BEER, WINE) WITHOUT MY PARENT'S PERMISSION.	9.3%	52.9%	37.8%

III. CHECK THE BLANK THAT TELLS YOUR ANSWER TO EACH STATEMENT. USE ONLY ONE CHECK FOR EACH STATEMENT.

		YES	NO	DO NOT KNOW
35.	MARIJUANA CAN BE HARMFUL TO ME.	81.1%	10.8%	8.1%

		YES	NO	DO NOT KNOW
36.	MORE POOR PEOPLE USE DRUGS THAN RICH PEOPLE.	18.9%	37.8%	43.2%
37.	THE USE OF DRUGS COULD MAKE ME SMARTER.	7.3%	52.9%	39.8%
38.	DRUGS ARE BAD.	69.1%	12.7%	18.1%
39.	I WOULD NOT TAKE PILLS OR MEDICINES UNLESS MY DOCTOR OR PARENTS TOLD ME TO TAKE THEM.	71.0%	18.1%	10.8%
40.	I WOULD TAKE A DRUG IF MY BEST FRIEND SAID IT WAS ALRIGHT.	6.6%	55.6%	37.8%
41.	I WOULD TAKE A DRUG ON A DARE.	9.7%	53.7%	36.7%
42.	MARIJUANA USERS ARE INVOLVED IN CRIMES SUCH AS STEALING AND MURDERS.	52.9%	21.2%	25.9%
43.	IF I USED MARIJUANA, IT COULD LEAD TO THE USE OF OTHER DRUGS.	73.4%	13.9%	12.7%
44.	I WOULD TAKE A DRUG IF EVERYBODY ELSE WERE TAKING IT.	9.7%	52.5%	37.5%
45.	SNIFFING GLUE WOULD BE HARMFUL TO ME.	66.0%	17.8%	16.2%
46.	I WOULD SNIFF GLUE IF MY FRIEND DID.	9.3%	55.6%	35.1%
47.	MISUSING DRUGS WHEN YOU ARE YOUNG CAN AFFECT YOUR HEALTH WHEN YOU GET OLDER.	64.9%	17.8%	17.4%
48.	SNIFFING GLUE HELPS YOU DO BETTER IN SCHOOL.	6.2%	56.4%	37.5%
49.	DRINKING RUBBING ALCOHOL WOULD POISON ME.	57.1%	18.9%	23.9%

		YES	NO	DO NOT KNOW
50.	ALCOHOL IS USED ONLY AS A DRINK	11.2%	52.1%	36.7%
51.	IF I SNIFF GLUE IT COULD LEAD ME TO THE USE OF OTHER DRUGS.	47.5%	23.9%	28.6%
52.	YOUNG PEOPLE SNIFF GLUE BECAUSE THEIR FRIENDS DO.	34.4%	26.3%	39.4%
53.	IF I FOUND A DRUG THAT MADE ME FEEL GOOD I WOULD GIVE IT TO MY FRIENDS.	6.9%	53.3%	39.8%

Elementary (1)

(1) ____________ Last letter of your first name

(2) ____________ Last letter of your last name

(3) ____________ Month (4) ____ Day (5) ____ Year
Date of Birth

(6) Grade in school: 3 4 5 6 7 8

(7) You are: 1 Boy 2 Girl

THE RISK-TAKING ATTITUDE — VALUES INVENTORY

ELEMENTARY LEVEL

Psychologists often write books about what makes people the way they are. This booklet gives you a chance to say what you think about some things that people do. Almost everything a person does has some purpose. Some acts may cause harm. Some acts may lead a person into trouble. Other acts may help a person reach wanted goals. A goal is something a person needs or wants.

The questions in this booklet are easy to answer. There are no "right" or "wrong" answers. Decide which answer you honestly think is best. Then draw a circle around that answer.

(Because of the manner in which this instrument is printed, student response data could not be copied directly on the instrument. Copies of data from the computer print-out sheets immediatly follow this copy of the instrument.)

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PART I – VALUE GOALS

Some human goals are listed below. Everybody at some time tries to reach one or more goals like these. Study each goal and its meaning until you understand all of the goals. Ask the person who gave you this booklet for help if you don't understand the meaning of any of them.

	Goal	Meaning
a.	Affection	Giving and getting love and friendship
b.	Respect	Admiring or looking up to people and having them admire you
c.	Skill	Learning how to do things well and feeling that you can do them well
d.	Knowledge	Understanding what things are and what they mean; being able to use your knowledge to help you do things you want to do
e.	Power	Having others listen to you; controlling your own behavior; being able to make your own choices; making other people do what you want them to do
f.	Wealth	Being able to buy things; being able to hire people to do work you want done
g.	Well-Being	Feeling happy and healthy; not being in need of anything
h.	Responsibility	Doing what is right; keeping promises; being honest; being trustworthy

Elementary (3)

A. Importance of Goals

Some of the goals listed below may have greater value to you than others. Look at each goal. Ask yourself how important you feel each one is to you. Meanings of the goals are on page 2.

FOR EACH GOAL LISTED BELOW, CIRCLE THE NUMBER THAT MOST NEARLY TELLS YOUR FEELING.

Goal		How important the goal is to me				
		Not important	A little important	Important	Very important	Most important
(8)	Affection	1	2	3	4	5
(9)	Respect	1	2	3	4	5
(10)	Skill	1	2	3	4	5
(11)	Knowledge	1	2	3	4	5
(12)	Power	1	2	3	4	5
(13)	Wealth	1	2	3	4	5
(14)	Well-Being	1	2	3	4	5
(15)	Responsibility	1	2	3	4	5

B. Nearness to Goals

Sometimes it is hard to reach an important goal. And sometimes it takes a long time. Most people are some distance from reaching their goals. How close are you to reaching your goals? For example, are you as wealthy as you want to be? Do you have all of the affection and respect that you want or need? If you don't remember the meaning of a goal, look again on page 2.

CIRCLE THE NUMBER THAT TELLS HOW NEAR YOU ARE TO REACHING EACH GOAL.

	Goal	Far from goal	Quite a way from goal	Half-way to goal	Nearly to goal	Reached goal
(16)	Affection	1	2	3	4	5
(17)	Respect	1	2	3	4	5
(18)	Skill	1	2	3	4	5
(19)	Knowledge	1	2	3	4	5
(20)	Power	1	2	3	4	5
(21)	Wealth	1	2	3	4	5
(22)	Well-Being	1	2	3	4	5
(23)	Responsibility	1	2	3	4	5

PART II — UTILITY (USEFULNESS) OF BEHAVIOR

Listed below are some things that many people do. Look in the Behavior column. Some of the things listed may hurt or harm a person. Some may delay or even keep a person from reaching his real goals. For example, one of the things listed might make a person sick or unhappy. This would harm his well-being. Another might cause him to lose friends. This would cause him to lose respect or affection.

Some of the other things listed might help a person get closer to his goals. One of them might make him feel that he has gained skill. Another might lead to more power. Still another might make him feel like he has more responsibility.

CIRCLE THE NUMBER THAT TELLS HOW HARMFUL OR HELPFUL EACH BEHAVIOR IS FOR YOU IN REACHING YOUR GOALS.

	Behavior	Very harmful	Harmful	Not harmful or helpful	Helpful	Very helpful
(24)	Smoking cigarettes	1	2	3	4	5
(25)	Sniffing glue	1	2	3	4	5
(26)	Stealing or breaking things on purpose	1	2	3	4	5
(27)	Working hard in school or at a job	1	2	3	4	5
(28)	Using marijuana — pot or grass	1	2	3	4	5
(29)	Getting married	1	2	3	4	5
(30)	Street racing or wild riding on a bicycle	1	2	3	4	5
(31)	Cheating or telling lies	1	2	3	4	5
(32)	Drinking beer, wine, or whiskey until you feel its effects	1	2	3	4	5
(33)	Belonging to a group of close friends who do not let others join the group	1	2	3	4	5
(34)	Working with music, art, dancing, or acting	1	2	3	4	5
(35)	Dating — boy and girl going somewhere alone	1	2	3	4	5
(36)	Playing games like football or basketball	1	2	3	4	5
(37)	Taking drugs — including pills — to change the way you feel	1	2	3	4	5
(38)	Fighting — on your own or in gangs	1	2	3	4	5

PART III – EXPECTANCIES (CHANCE OF SUCCESS)

What if you wanted to do the things listed on page 5? How easy would it be for you to do them?

CIRCLE THE NUMBER THAT TELLS HOW EASY YOU THINK IT WOULD BE FOR YOU TO DO THE THINGS LISTED.

	Behavior	No chance of doing this	Some chance of doing this	Average chance of doing this	Better than average chance of doing this	Very good chance of doing this
(39)	Smoking cigarettes	1	2	3	4	5
(40)	Sniffing glue	1	2	3	4	5
(41)	Stealing or breaking things on purpose	1	2	3	4	5
(42)	Working hard in school or at a job	1	2	3	4	5
(43)	Using marijuana – pot or grass	1	2	3	4	5
(44)	Getting married	1	2	3	4	5
(45)	Street racing or wild riding on a Bicycle	1	2	3	4	5
(46)	Cheating or telling lies	1	2	3	4	5
(47)	Drinking beer, wine, or whiskey until you feel its effects	1	2	3	4	5
(48)	Belonging to a group of close friends who do not let others join the group	1	2	3	4	5
(49)	Working with music, art, dancing, or acting	1	2	3	4	5
(50)	Dating – boy and girl going somewhere alone	1	2	3	4	5
(51)	Playing games like football or basketball	1	2	3	4	5
(52)	Taking drugs – including pills – to change the way you feel	1	2	3	4	5
(53)	Fighting – on your own or in gangs	1	2	3	4	5

PART IV — WAYS OF CHANGING BEHAVIOR

Some people do things that other people do not like. Some of these are fighting, using drugs, and stealing. Changing the way a person acts is not easy. School programs and other programs to help people stop doing these things do not always work too well. Look at the items listed below.

IF YOU WERE A PERSON WHO FIGHTS, USES DRUGS, OR STEALS, HOW HELPFUL WOULD THESE BE TO CHANGE YOUR BEHAVIOR? CIRCLE THE NUMBER.

	Item	Not helpful	A little helpful	Helpful	Very helpful	Most helpful
(54)	School programs — subjects, teams, clubs	1	2	3	4	5
(55)	Good examples set by friends, parents, or teachers	1	2	3	4	5
(56)	Church programs	1	2	3	4	5
(57)	Giving you interesting work to do	1	2	3	4	5
(58)	Hearing about dangerous things on TV or radio	1	2	3	4	5
(59)	Getting more love and understanding from your parents	1	2	3	4	5
(60)	Being accepted by your friends	1	2	3	4	5
(61)	Stricter laws and more police work	1	2	3	4	5
(62)	Dropping out of school	1	2	3	4	5
(63)	Getting help from a counsellor or doctor	1	2	3	4	5

PART V – FREQUENCIES OF BEHAVIOR

Your answers on this page will be very helpful to us. You do not have to answer the questions unless you want to, but we hope you will. If you do answer, be as honest as possible. Your answers will not be shown to anyone not working with this scientific study. In your answers about drug use, do not include any drugs given to you by a doctor for illness, disease, or physical condition.

CIRCLE THE NUMBER THAT BEST TELLS YOUR BEHAVIOR.

(I have done this)

(THIS MANY TIMES)

	Behavior	I have never done this	I did this a few (1–5) times and quit	I did this six or more times and quit	I do this sometimes (less than once a week)	I do this regularly (more than once a week)
(64)	Smoking cigarettes	1	2	3	4	5
(65)	Sniffing glue	1	2	3	4	5
(66)	Stealing or breaking things	1	2	3	4	5
(67)	Working hard in school or at a job	1	2	3	4	5
(68)	Using marijuana – pot or grass	1	2	3	4	5
(69)	Street racing or wild riding on a bicycle	1	2	3	4	5
(70)	Cheating or telling lies	1	2	3	4	5
(71)	Drinking wine, beer, or whiskey until you feel its effects	1	2	3	4	5
(72)	Belonging to a group of close friends who do not let others join the group	1	2	3	4	5
(73)	Working with music, art, dancing, or acting	1	2	3	4	5
(74)	Dating – boy and girl going somewhere alone	1	2	3	4	5
(75)	Playing games like football or basketball	1	2	3	4	5
(76)	Taking drugs – including pills – to change the way you feel	1	2	3	4	5
(77)	Fighting – on your own or in gangs	1	2	3	4	5

THIS IS THE END OF THE BOOKLET.

Student Response Data for "Risk-Taking Attitude--Values Inventory"

```
                   VAR002      How important is affection to me ?
              COUNT   I
              ROW PCT I   A little                Very       Most         ROW
              COL PCT I   import.    import.     Import.    import.      TOTAL
              TOT PCT I      1.00I      2.00I      3.00I      4.00I
VAR001        --------I---------I---------I---------I---------I
                1.00  I      5  I     19  I     19  I     23  I     66
                      I    7.6  I   28.8  I   28.8  I   34.8  I   45.2
                      I   62.5  I   59.4  I   35.8  I   43.4  I
                      I    3.4  I   13.0  I   13.0  I   15.8  I
                     -I---------I---------I---------I---------I
                4.00  I      3  I     13  I     34  I     30  I     80
                      I    3.8  I   16.3  I   42.5  I   37.5  I   54.8
                      I   37.5  I   40.6  I   64.2  I   56.6  I
                      I    2.1  I    8.9  I   23.3  I   20.5  I
                     -I---------I---------I---------I---------I
              COLUMN         8        32         53         53        146
              TOTAL        5.5      21.9       36.3       36.3      100.0

CHI SQUARE =      5.50293 WITH    3 DEGREES OF FREEDOM
```

```
                  VAR003      How important is respect to me ?
           COUNT   I  Not         A little                  Very         Most
           ROW PCT I important   important    important   important    important      ROW
           COL PCT I                                                                 TOTAL
           TOT PCT I     0.0  I      1.00I      2.00I      3.00I      4.00I
VAR001     --------I---------I---------I---------I---------I---------I
             1.00  I      4  I      4  I     17  I     26  I     15  I     66
                   I    6.1  I    6.1  I   25.8  I   39.4  I   22.7  I   45.2
                   I   80.0  I   36.4  I   29.3  I   57.8  I   55.6  I
                   I    2.7  I    2.7  I   11.6  I   17.8  I   10.3  I
                  -I---------I---------I---------I---------I---------I
             4.00  I      1  I      7  I     41  I     19  I     12  I     80
                   I    1.3  I    8.8  I   51.3  I   23.8  I   15.0  I   54.8
                   I   20.0  I   63.6  I   70.7  I   42.2  I   44.4  I
                   I    0.7  I    4.8  I   28.1  I   13.0  I    8.2  I
                  -I---------I---------I---------I---------I---------I
           COLUMN         5         11         58         45         27        146
           TOTAL        3.4        7.5       39.7       30.8       18.5      100.0

CHI SQUARE =     12.74618 WITH    4 DEGREES OF FREEDOM
```

```
                          VARCC4        How important is skill to me?
              COUNT   I  Not           A little                    Very           Most
              ROW PCT I  import.       import.      import.       import.        import.      ROW
              COL PCT I                                                                     TCTAL
              TOT PCT I      0.0  I      1.00I       2.C0I        3.00I        4.00I
VAR001        --------I--------I--------I--------I--------I--------I
                1.CC  I      4    I      2    I     22    I     26    I     12    I    66
                      I    6.1    I    3.0    I   33.3    I   39.4    I   18.2    I  45.2
                      I   8C.C    I   22.2    I   45.8    I   50.0    I   37.5    I
                      I    2.7    I    1.4    I   15.1    I   17.8    I    8.2    I
                     -I--------I--------I--------I--------I--------I
                4.00  I      1    I      7    I     26    I     26    I     20    I    80
                      I    1.3    I    8.8    I   32.5    I   32.5    I   25.0    I  54.8
                      I   2C.C    I   77.8    I   54.2    I   50.0    I   62.5    I
                      I    C.7    I    4.8    I   17.8    I   17.8    I   13.7    I
                     -I--------I--------I--------I--------I--------I
              COLUMN          5          9          48          52          32         146
               TOTAL        3.4        6.2        32.9        35.6        21.9       100.0

CHI SCUARE =      5.62032 WITH   4 DEGREES CF FREEDCM
```

```
                          VARCC5        How important is knowledge to me?
              COUNT   I  Not           A little                    Very           Most
              ROW PC  I  import.       import.      import.       import.        import.      RCW
              COL PCT I                                                                     TCTAL
              TOT PCT I      0.0  I      1.00I       2.C0I        3.00I        4.00I
VAR001        --------I--------I--------I--------I--------I--------I
                1.00  I      C    I      1    I     17    I     24    I     24    I    66
                      I    0.C    I    1.5    I   25.8    I   36.4    I   36.4    I  45.2
                      I    0.0    I    8.3    I   63.0    I   38.1    I   55.8    I
                      I    C.0    I    C.7    I   11.6    I   16.4    I   16.4    I
                     -I--------I--------I--------I--------I--------I
                4.0C  I      1    I     11    I     10    I     39    I     19    I    80
                      I    1.3    I   13.8    I   12.5    I   48.8    I   23.8    I  54.8
                      I  1CC.C    I   91.7    I   37.0    I   61.9    I   44.2    I
                      I    C.7    I    7.5    I    6.8    I   26.7    I   13.0    I
                     -I--------I--------I--------I--------I--------I
              COLUMN          1         12          27          63          43         146
               TOTAL        C.7        8.2        18.5        43.2        29.5       100.0

CHI SQUARE =     14.C88C3 WITH   4 DEGREES CF FREEDCM
```

```
                 VAR006     How important is power to me?
          COUNT   I
          ROW PCT I  Not        A little               Very        Most      ROW
          COL PCT I  import.    import.    import.     import.     import.   TOTAL
          TOT PCT I     0.0  I     1.00I     2.00I     3.00I     4.00I
VAR001    --------I--------I--------I--------I--------I--------I
             1.00 I     12  I      7  I     25  I     11  I     11  I     66
                  I   18.2  I   10.6  I   37.9  I   16.7  I   16.7  I   45.2
                  I   66.7  I   29.2  I   44.6  I   40.7  I   52.4  I
                  I    8.2  I    4.8  I   17.1  I    7.5  I    7.5  I
                 -I--------I--------I--------I--------I--------I
             4.00 I      6  I     17  I     31  I     16  I     10  I     80
                  I    7.5  I   21.3  I   38.8  I   20.0  I   12.5  I   54.8
                  I   33.3  I   70.8  I   55.4  I   59.3  I   47.6  I
                  I    4.1  I   11.6  I   21.2  I   11.0  I    6.8  I
                 -I--------I--------I--------I--------I--------I
          COLUMN        18         24         56         27         21        146
           TOTAL      12.3       16.4       38.4       18.5       14.4      100.0

CHI SQUARE =      6.50037 WITH   4 DEGREES OF FREEDOM
```

```
                 VAR007     How important is wealth to me?
          COUNT   I  Not        A little               Very        Most
          ROW PCT I  import.    import.    import.     import.     import.   ROW
          COL PCT I                                                          TOTAL
          TOT PCT I     0.0  I     1.00I     2.00I     3.00I     4.00I
VAR001    --------I--------I--------I--------I--------I--------I
             1.00 I     15  I     13  I     18  I      8  I     12  I     66
                  I   22.7  I   19.7  I   27.3  I   12.1  I   18.2  I   45.2
                  I   62.5  I   37.1  I   46.2  I   38.1  I   44.4  I
                  I   10.3  I    8.9  I   12.3  I    5.5  I    8.2  I
                 -I--------I--------I--------I--------I--------I
             4.00 I      9  I     22  I     21  I     13  I     15  I     80
                  I   11.3  I   27.5  I   26.3  I   16.3  I   18.8  I   54.8
                  I   37.5  I   62.9  I   53.8  I   61.9  I   55.6  I
                  I    6.2  I   15.1  I   14.4  I    8.9  I   10.3  I
                 -I--------I--------I--------I--------I--------I
          COLUMN        24         35         39         21         27        146
           TOTAL      16.4       24.0       26.7       14.4       18.5      100.0

CHI SQUARE =      4.26562 WITH   4 DEGREES OF FREEDOM
```

```
                    VAR008  How important is well-being to me ?
           COUNT   I
           ROW PCT I   Not        A little                Very         Most        ROW
           COL PCT I   import.    import.     import.     import.      import.    TOTAL
           TOT PCT I     0.0 I      1.00I       2.00I       3.00I        4.00I
VAR001     --------I--------I--------I--------I--------I--------I
             1.00  I      1  I      3  I     12  I     24  I     26  I      66
                   I    1.5  I    4.5  I   18.2  I   36.4  I   39.4  I    45.2
                   I   12.5  I   18.8  I   35.3  I   57.1  I   56.5  I
                   I    0.7  I    2.1  I    8.2  I   16.4  I   17.8  I
                  -I--------I--------I--------I--------I--------I
             4.00  I      7  I     13  I     22  I     18  I     20  I      80
                   I    8.8  I   16.3  I   27.5  I   22.5  I   25.0  I    54.8
                   I   87.5  I   81.3  I   64.7  I   42.9  I   43.5  I
                   I    4.8  I    8.9  I   15.1  I   12.3  I   13.7  I
                  -I--------I--------I--------I--------I--------I
           COLUMN         8        16        34        42        46         146
            TOTAL       5.5      11.0      23.3      28.8      31.5       100.0

CHI SQUARE =     14.11828 WITH   4 DEGREES OF FREEDOM
```

```
                    VAR009  How important is responsibility to me ?
           COUNT   I
           ROW PCT I   Not        A little                Very         Most        ROW
           COL PCT I   import.    import.     import.     import.      import.    TOTAL
           TOT PCT I     0.0 I      1.00I       2.00I       3.00I        4.00I
VAR001     --------I--------I--------I--------I--------I--------I
             1.00  I      1  I      0  I      6  I     17  I     42  I      66
                   I    1.5  I    0.0  I    9.1  I   25.8  I   63.6  I    45.2
                   I   33.3  I    0.0  I   31.6  I   40.5  I   53.2  I
                   I    0.7  I    0.0  I    4.1  I   11.6  I   28.8  I
                  -I--------I--------I--------I--------I--------I
             4.00  I      2  I      3  I     13  I     25  I     37  I      80
                   I    2.5  I    3.8  I   16.3  I   31.3  I   46.3  I    54.8
                   I   66.7  I  100.0  I   68.4  I   59.5  I   46.8  I
                   I    1.4  I    2.1  I    8.9  I   17.1  I   25.3  I
                  -I--------I--------I--------I--------I--------I
           COLUMN         3         3        19        42        79         146
            TOTAL       2.1       2.1      13.0      28.8      54.1       100.0

CHI SQUARE =      6.46956 WITH   4 DEGREES OF FREEDOM
```

BEST COPY AVAILABLE

```
                       How close are you to having as much affection
               VAR010  as you want or need?
        COUNT   I
        ROW PCT I   Far from  Quite a     Half-way   Nearly       Reached  ROW
        COL PCT I   goal      way from    to goal    to goal      goal     TOTAL
        TOT PCT I    0.0 I    goal 1.00I   2.00I      3.00I       4.00I
VAR001  --------I--------I---------I---------I---------I---------I
         1.00   I     4  I     4   I    12   I    23   I    23   I    66
                I   6.1  I   6.1   I  18.2   I  34.8   I  34.8   I  45.2
                I  80.0  I  44.4   I  54.5   I  41.1   I  42.6   I
                I   2.7  I   2.7   I   8.2   I  15.8   I  15.8   I
               -I--------I---------I---------I---------I---------I
         4.00   I     1  I     5   I    10   I    33   I    31   I    80
                I   1.3  I   6.3   I  12.5   I  41.3   I  38.8   I  54.8
                I  20.0  I  55.6   I  45.5   I  58.9   I  57.4   I
                I   0.7  I   3.4   I   6.8   I  22.6   I  21.2   I
               -I--------I---------I---------I---------I---------I
        COLUMN        5        9        22        56        54        146
         TOTAL      3.4      6.2      15.1      38.4      37.0      100.0

CHI SQUARE =      3.75589 WITH   4 DEGREES OF FREEDOM
```

```
                       How close are you to having as much respect
               VAR011  as you want or need?
        COUNT   I Far from  Quite a      Half-way   Nearly     Reached
        ROW PCT I goal      way from     to goal    to goal    goal       ROW
        COL PCT I           goal.                                         TOTAL
        TOT PCT I    0.0 I     1.00I       2.00I      3.00I      4.00I
VAR001  --------I--------I---------I---------I---------I---------I
         1.00   I     6  I     3   I    20   I    17   I    20   I    66
                I   9.1  I   4.5   I  30.3   I  25.8   I  30.3   I  45.2
                I  66.7  I  23.1   I  42.6   I  37.8   I  62.5   I
                I   4.1  I   2.1   I  13.7   I  11.6   I  13.7   I
               -I--------I---------I---------I---------I---------I
         4.00   I     3  I    10   I    27   I    28   I    12   I    80
                I   3.8  I  12.5   I  33.8   I  35.0   I  15.0   I  54.8
                I  33.3  I  76.9   I  57.4   I  62.2   I  37.5   I
                I   2.1  I   6.8   I  18.5   I  19.2   I   8.2   I
               -I--------I---------I---------I---------I---------I
        COLUMN        9       13        47        45        32        146
         TOTAL      6.2      8.9      32.2      30.8      21.9      100.0

CHI SQUARE =      9.24319 WITH   4 DEGREES OF FREEDOM
```

```
                          How close are you to having as much skill
                  VARC12  as you want or need?
         COUNT   I
         ROW PCT IFar from Quite a    Half-way  Nearly    Reached     ROW
         COL PCT Igoal     way from   to goal   to goal   goal        TOTAL
                            goal
         TOT PCT I    0.0  I    1.00I    2.00I    3.00I    4.00I
VAR001   --------I---------I--------I--------I--------I--------I
           1.00  I     5   I     5  I    17  I    20  I    19  I     66
                 I   7.6   I   7.6  I  25.8  I  30.3  I  28.8  I   45.2
                 I  71.4   I  45.5  I  34.7  I  41.7  I  61.3  I
                 I   3.4   I   3.4  I  11.6  I  13.7  I  13.0  I
                -I---------I--------I--------I--------I--------I
           4.00  I     2   I     6  I    32  I    28  I    12  I     80
                 I   2.5   I   7.5  I  40.0  I  35.0  I  15.0  I   54.8
                 I  28.6   I  54.5  I  65.3  I  58.3  I  38.7  I
                 I   1.4   I   4.1  I  21.9  I  19.2  I   8.2  I
                -I---------I--------I--------I--------I--------I
         COLUMN        7        11       49       48       31       146
          TOTAL      4.8       7.5     33.6     32.9     21.2     100.0

CHI SQUARE =      7.60994 WITH   4 DEGREES OF FREEDOM
```

```
                          How close are you to having as much
                  VARC13  knowledge as you want or need?
         COUNT   I
         ROW PCT I Far from Quite a  Half-way  Nearly    Reached      ROW
         COL PCT I goal      way     to goal   to goal   goal         TOTAL
                          from goal
         TOT PCT I    0.0  I    1.00I    2.00I    3.00I    4.00I
VAR001   --------I---------I--------I--------I--------I--------I
           1.00  I     7   I     3  I    20  I    20  I    16  I     66
                 I  10.6   I   4.5  I  30.3  I  30.3  I  24.2  I   45.2
                 I  70.0   I  18.8  I  40.0  I  46.5  I  59.3  I
                 I   4.8   I   2.1  I  13.7  I  13.7  I  11.0  I
                -I---------I--------I--------I--------I--------I
           4.00  I     3   I    13  I    30  I    23  I    11  I     80
                 I   3.8   I  16.3  I  37.5  I  28.8  I  13.8  I   54.8
                 I  30.0   I  81.3  I  60.0  I  53.5  I  40.7  I
                 I   2.1   I   8.9  I  20.5  I  15.8  I   7.5  I
                -I---------I--------I--------I--------I--------I
         COLUMN       10        16       50       43       27       146
          TOTAL      6.8      11.0     34.2     29.5     18.5     100.0

CHI SQUARE =      9.73224 WITH   4 DEGREES OF FREEDOM
```

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```
                                 How close are you to having as much power
                        VARC14as you want or need?
                COUNT   I Far      Quite a     Half-way  Nearly     Reached
                ROW PCT I from     way from    to goal   to goal    goal          ROW
                COL PCT I goal     goal                                          TCTAL
                TOT PCT I      0.0 I      1.00I     2.00I     3.00I     4.00I
VAR001          --------I---------I---------I---------I---------I---------I
                  1.00  I       9 I      13 I      15 I      15 I      14 I       66
                        I   13.6  I   19.7  I   22.7  I   22.7  I   21.2  I     45.2
                        I   42.9  I   44.8  I   41.7  I   37.5  I   70.0  I
                        I    6.2  I    8.9  I   10.3  I   10.3  I    9.6  I
                       -I---------I---------I---------I---------I---------I
                  4.00  I      12 I      16 I      21 I      25 I       6 I       80
                        I   15.0  I   20.0  I   26.3  I   31.3  I    7.5  I     54.8
                        I   57.1  I   55.2  I   58.3  I   62.5  I   30.0  I
                        I    8.2  I   11.0  I   14.4  I   17.1  I    4.1  I
                       -I---------I---------I---------I---------I---------I
                COLUMN        21        29        36        40        20         146
                 TOTAL      14.4      19.9      24.7      27.4      13.7       100.0

CHI SQUARE =       6.15302 WITH   4 DEGREES OF FREEDOM
```

```
                                 How close are you to having as much wealth
                        VARC15as you want or need?
                COUNT   I Far      Quite a     Half-way  Nearly     Reached
                ROW PCT I from     way from    to goal   to goal    goal          RCW
                COL PCT I goal     goal                                          TCTAL
                TOT PCT I      0.0 I      1.00I     2.00I     3.00I     4.00I
VAR001          --------I---------I---------I---------I---------I---------I
                  1.00  I      15 I      10 I      22 I       9 I      10 I       66
                        I   22.7  I   15.2  I   33.3  I   13.6  I   15.2  I     45.2
                        I   42.9  I   47.6  I   51.2  I   31.0  I   55.6  I
                        I   10.3  I    6.8  I   15.1  I    6.2  I    6.8  I
                       -I---------I---------I---------I---------I---------I
                  4.00  I      20 I      11 I      21 I      20 I       8 I       80
                        I   25.0  I   13.8  I   26.3  I   25.0  I   10.0  I     54.8
                        I   57.1  I   52.4  I   48.8  I   69.0  I   44.4  I
                        I   13.7  I    7.5  I   14.4  I   13.7  I    5.5  I
                       -I---------I---------I---------I---------I---------I
                COLUMN        35        21        43        29        18         146
                 TCTAL      24.0      14.4      29.5      19.9      12.3       100.0

CHI SQUARE =       3.87294 WITH   4 DEGREES OF FREEDOM
```

```
                      How close are you to having as much
               VARC16 well-being as you want or need?
          COUNT   I Far     Quite a     Half-way  Nearly      Reached
          ROW PCT I from    way from    to goal   to goal     goal              ROW
          COL PCT I goal    goal                                                TCTAL
          TOT PCT I      0.0 I      1.COI      2.COI      3.00I      4.00I
VAR001   --------I---------I---------I---------I---------I---------I
          1.0C    I       3 I       2 I      16 I      26 I      19 I      66
                  I     4.5 I     3.0 I    24.2 I    39.4 I    28.8 I    45.2
                  I    30.C I    28.6 I    48.5 I    48.1 I    45.2 I
                  I     2.1 I     1.4 I    11.C I    17.8 I    13.0 I
                 -I---------I---------I---------I---------I---------I
          4.0C    I       7 I       5 I      17 I      28 I      23 I      80
                  I     8.8 I     6.3 I    21.3 I    35.0 I    28.8 I    54.8
                  I    7C.C I    71.4 I    51.5 I    51.9 I    54.8 I
                  I     4.8 I     3.4 I    11.6 I    19.2 I    15.8 I
                 -I---------I---------I---------I---------I---------I
         COLUMN          1C         7        33        54        42        146
          TOTAL         6.8       4.8      22.6      37.0      28.8      100.0

CHI SCUARE =      2.C474C WITH    4 DEGREES CF FREEDCM
```

```
                      How close are you to having as much
               VARC17 responsibility as you want or need?
          CCUNT   I Far     Quite a     Half-way  Nearly      Reached
          ROW PCT I from    way from    to goal   to goal     goal              RCW
          COL PCT I goal    goal                                                TCTAL
          TOT PCT I      C.0 I      1.00I      2.CCI      3.00I      4.00I
VAR001   --------I---------I---------I---------I---------I---------I
          1.CC    I       5 I       1 I      10 I      26 I      24 I      66
                  I     7.6 I     1.5 I    15.2 I    39.4 I    36.4 I    45.2
                  I    55.6 I    20.0 I    33.3 I    46.4 I    52.2 I
                  I     3.4 I     0.7 I     6.8 I    17.8 I    16.4 I
                 -I---------I---------I---------I---------I---------I
          4.CC    I       4 I       4 I      20 I      30 I      22 I      80
                  I     5.C I     5.0 I    25.C I    37.5 I    27.5 I    54.8
                  I    44.4 I    8C.0 I    66.7 I    53.6 I    47.8 I
                  I     2.7 I     2.7 I    13.7 I    20.5 I    15.1 I
                 -I---------I---------I---------I---------I---------I
         COLUMN           9         5        3C        56        46        146
          TOTAL         6.2       3.4      2C.5      38.4      31.5      100.0

CHI SCUARE =      4.31432 WITH    4 DEGREES CF FREEDCM
```

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```
                  VAR018 Smoking cigarettes has the following effect upon
         COUNT    I        my ability to reach my goals.
         ROW PCT  I  Very                  Not Harmful                Very               ROW
         COL PCT  I  Harmful   Harmful   or Helpful   Helpful        Helpful            TOTAL
         TOT PCT  I     0.0 I      1.00I      2.00I       3.00I        4.00I
VAR001   ---------I---------I---------I---------I---------I---------I
           1.00   I     34  I     24  I      8  I      0  I      0  I      66
                  I   51.5  I   36.4  I   12.1  I    0.0  I    0.0  I    45.2
                  I   48.6  I   44.4  I   44.4  I    0.0  I    0.0  I
                  I   23.3  I   16.4  I    5.5  I    0.0  I    0.0  I
                 -I---------I---------I---------I---------I---------I
           4.00   I     36  I     30  I     10  I      1  I      3  I      80
                  I   45.0  I   37.5  I   12.5  I    1.3  I    3.8  I    54.8
                  I   51.4  I   55.6  I   55.6  I  100.0  I  100.0  I
                  I   24.7  I   20.5  I    6.8  I    0.7  I    2.1  I
                 -I---------I---------I---------I---------I---------I
         COLUMN         70        54        18         1         3        146
         TOTAL        47.9      37.0      12.3       0.7       2.1      100.0

CHI SQUARE =       3.63701 WITH    4 DEGREES OF FREEDOM.
```

```
                  VAR019   Sniffing glue has the following effect
         COUNT    I        upon my ability to reach my goals.
         ROW PCT  I  Very                  Not Harmful                Very               ROW
         COL PCT  I  Harmful   Harmful   or Helpful   Helpful        Helpful            TOTAL
         TOT PCT  I     0.0 I      1.00I      2.00I       3.00I        4.00I
VAR001   ---------I---------I---------I---------I---------I---------I
           1.00   I     40  I     23  I      3  I      0  I      0  I      66
                  I   60.6  I   34.8  I    4.5  I    0.0  I    0.0  I    45.2
                  I   52.6  I   46.0  I   16.7  I    0.0  I    0.0  I
                  I   27.4  I   15.8  I    2.1  I    0.0  I    0.0  I
                 -I---------I---------I---------I---------I---------I
           4.00   I     36  I     27  I     15  I      1  I      1  I      80
                  I   45.0  I   33.8  I   18.8  I    1.3  I    1.3  I    54.8
                  I   47.4  I   54.0  I   83.3  I  100.0  I  100.0  I
                  I   24.7  I   18.5  I   10.3  I    0.7  I    0.7  I
                 -I---------I---------I---------I---------I---------I
         COLUMN         76        50        19         1         1        146
         TOTAL        52.1      34.2      12.3       0.7       0.7      100.0

CHI SQUARE =       9.27332 WITH    4 DEGREES OF FREEDOM
```

```
                 VAR020  Stealing or vandalism has the following
        COUNT   I         effect upon my ability to reach my goals.
        ROW PCT I  Very                               Very           ROW
        COL PCT I  harmful   Harmful     Helpful      helpful        TOTAL
        TOT PCT I    0.0  I     1.00I      2.00I      4.00I
VAR001  --------I---------I---------I---------I---------I
         1.00   I     40  I     16  I      9  I      1  I     66
                I   60.6  I   24.2  I   13.6  I    1.5  I   45.2
                I   52.6  I   40.0  I   32.1  I   50.0  I
                I   27.4  I   11.0  I    6.2  I    0.7  I
               -I---------I---------I---------I---------I
         4.00   I     36  I     24  I     19  I      1  I     80
                I   45.0  I   30.0  I   23.8  I    1.3  I   54.8
                I   47.4  I   60.0  I   67.9  I   50.0  I
                I   24.7  I   16.4  I   13.0  I    0.7  I
               -I---------I---------I---------I---------I
        COLUMN        76        40         28          2        146
         TOTAL      52.1      27.4       19.2        1.4      100.0

CHI SQUARE =      4.07697 WITH   3 DEGREES OF FREEDOM
```

```
                 VAR021  Working hard has the following effect
        COUNT   I         upon my ability to reach my goals.
        ROW PCT I  Very                Not harmful              Very              ROW
        COL PCT I  harmful   Harmful   or helpful   Helpful     helpful           TOTAL
        TOT PCT I    0.0  I     1.00I      2.00I      3.00I      4.00I
VAR001  --------I---------I---------I---------I---------I---------I
         1.00   I      3  I      0  I      2  I     12  I     49  I     66
                I    4.5  I    0.0  I    3.0  I   18.2  I   74.2  I   45.2
                I   50.0  I    0.0  I   28.6  I   42.9  I   47.1  I
                I    2.1  I    0.0  I    1.4  I    8.2  I   33.6  I
               -I---------I---------I---------I---------I---------I
         4.00   I      3  I      1  I      5  I     16  I     55  I     80
                I    3.8  I    1.3  I    6.3  I   20.0  I   68.8  I   54.8
                I   50.0  I  100.0  I   71.4  I   57.1  I   52.9  I
                I    2.1  I    0.7  I    3.4  I   11.0  I   37.7  I
               -I---------I---------I---------I---------I---------I
        COLUMN         6         1          7         28        104        146
         TOTAL       4.1       0.7        4.8       19.2       71.2      100.0

CHI SQUARE =      1.87810 WITH   4 DEGREES OF FREEDOM
```

```
                    VAR022   Using marijuana has the following effect
           COUNT   I         upon my ability to reach my goals.
           ROW PCT I   Very                  Not harmful          Very            ROW
           COL PCT I   harmful   Harmful   or helpful   Helpful    helpful         TOTAL
           TOT PCT I      0.0 I     1.00I      2.00I      3.00I      4.00I
VAR001     --------I---------I---------I---------I---------I---------I
            1.00   I      59  I      4  I      2  I      1  I      0  I      66
                   I    89.4  I    6.1  I    3.0  I    1.5  I    0.0  I    45.2
                   I    49.6  I   25.0  I   28.6  I  100.0  I    0.0  I
                   I    40.4  I    2.7  I    1.4  I    0.7  I    0.0  I
                  -I---------I---------I---------I---------I---------I
            4.00   I      60  I     12  I      5  I      0  I      3  I      80
                   I    75.0  I   15.0  I    6.3  I    0.0  I    3.8  I    54.8
                   I    50.4  I   75.0  I   71.4  I    0.0  I  100.0  I
                   I    41.1  I    8.2  I    3.4  I    0.0  I    2.1  I
                  -I---------I---------I---------I---------I---------I
           COLUMN        119        16          7          1          3        146
           TOTAL        81.5      11.0        4.8        0.7        2.1      100.0

CHI SQUARE =      8.02544 WITH   4 DEGREES OF FREEDOM
```

```
                    VAR023   Getting married has the following effect
           COUNT   I         upon my ability to reach my goals.
           ROW PCT I   Very                  Not harmful          Very            ROW
           COL PCT I   harmful   Harmful   or helpful   Helpful    helpful         TOTAL
           TOT PCT I      0.0 I     1.00I      2.00I      3.00I      4.00I
VAR001     --------I---------I---------I---------I---------I---------I
            1.00   I       6  I      0  I     15  I     25  I     20  I      66
                   I     9.1  I    0.0  I   22.7  I   37.9  I   30.3  I    45.2
                   I    60.0  I    0.0  I   48.4  I   47.2  I   40.8  I
                   I     4.1  I    0.0  I   10.3  I   17.1  I   13.7  I
                  -I---------I---------I---------I---------I---------I
            4.00   I       4  I      3  I     16  I     28  I     29  I      80
                   I     5.0  I    3.8  I   20.0  I   35.0  I   36.3  I    54.8
                   I    40.0  I  100.0  I   51.6  I   52.8  I   59.2  I
                   I     2.7  I    2.1  I   11.0  I   19.2  I   19.9  I
                  -I---------I---------I---------I---------I---------I
           COLUMN         10         3         31         53         49        146
           TOTAL         6.8       2.1       21.2       36.3       33.6      100.0

CHI SQUARE =      3.94897 WITH   4 DEGREES OF FREEDOM
```

```
                   VARC24   Street racing, etc. has the following effect
           COUNT   I                upon my ability to reach my goals.
           ROW PCT I      Very                   Not harmful                  Very
           COL PCT I    harmful    Harmful     or helpful     Helpful       helpful    ROW
           TOT PCT I     0.0 I       1.00I       2.00I        3.00I        4.00I    TOTAL
VAR001     --------I--------I--------I--------I--------I--------I
             1.00  I    18   I    26   I    17   I     3   I     2   I     66
                   I  27.3   I  39.4   I  25.8   I   4.5   I   3.0   I   45.2
                   I  54.5   I  41.9   I  41.5   I  50.0   I  50.0   I
                   I  12.3   I  17.8   I  11.6   I   2.1   I   1.4   I
                  -I--------I--------I--------I--------I--------I
             4.00  I    15   I    36   I    24   I     3   I     2   I     80
                   I  18.8   I  45.0   I  30.0   I   3.8   I   2.5   I   54.8
                   I  45.5   I  58.1   I  58.5   I  50.0   I  50.0   I
                   I  10.3   I  24.7   I  16.4   I   2.1   I   1.4   I
                  -I--------I--------I--------I--------I--------I
           COLUMN        33        62        41         6         4       146
            TOTAL      22.6      42.5      28.1       4.1       2.7     100.0

CHI SQUARE =       1.75441 WITH    4 DEGREES OF FREEDOM
```

```
                   VARC25   Cheating or lying has the following effect
           COUNT   I        upon my ability to reach my goals.
           ROW PCT I   Very                 Not harmful                 ROW
           COL PCT I   harmful   Harmful     or helpful     Helpful    TOTAL
           TOT PCT I     0.0 I       1.00I       2.00I        3.00I
VAR001     --------I--------I--------I--------I--------I
             1.00  I    25   I    30   I    11   I     0   I    66
                   I  37.9   I  45.5   I  16.7   I   0.0   I   45.2
                   I  50.0   I  48.4   I  33.3   I   0.0   I
                   I  17.1   I  20.5   I   7.5   I   0.0   I
                  -I--------I--------I--------I--------I
             4.00  I    25   I    32   I    22   I     1   I    80
                   I  31.3   I  40.0   I  27.5   I   1.3   I   54.8
                   I  50.0   I  51.6   I  66.7   I 100.0   I
                   I  17.1   I  21.9   I  15.1   I   0.7   I
                  -I--------I--------I--------I--------I
           COLUMN        50        62        33         1      146
            TOTAL      34.2      42.5      22.6       0.7    100.0

CHI SQUARE =       3.42016 WITH    3 DEGREES OF FREEDOM
```

```
                    VAR026  Drinking beer, etc. has the following effect
            COUNT   I       upon my ability to reach my goals.
            ROW PCT I  Very                                Very          ROW
            COL PCT I  harmful  Harmful     Helpful        helpful       TOTAL
            TOT PCT I    0.0  I     1.00I     2.00I     4.00I
VAR001      --------I---------I---------I---------I---------I
              1.00  I    40   I    23   I     3   I     0   I    66
                    I  60.6   I  34.8   I   4.5   I   0.0   I  45.2
                    I  58.0   I  41.1   I  15.8   I   0.0   I
                    I  27.4   I  15.8   I   2.1   I   0.0   I
                   -I---------I---------I---------I---------I
              4.00  I    29   I    33   I    16   I     2   I    80
                    I  36.3   I  41.3   I  20.0   I   2.5   I  54.8
                    I  42.0   I  58.9   I  84.2   I 100.0   I
                    I  19.9   I  22.6   I  11.0   I   1.4   I
                   -I---------I---------I---------I---------I
            COLUMN       69        56        19         2       146
             TOTAL     47.3      38.4      13.0       1.4     100.0

CHI SQUARE =     13.21310 WITH   3 DEGREES OF FREEDOM
```

```
                    VAR027  Belonging to a close group has the following
            COUNT   I       effect upon my ability to reach my goals.
            ROW PCT I   Very                Not harmful             Very          ROW
            COL PCT I  harmful  Harmful     or helpful    Helpful   helpful       TOTAL
            TOT PCT I    0.0  I     1.00I     2.00I     3.00I     4.00I
VAR001      --------I---------I---------I---------I---------I---------I
              1.00  I     6   I    23   I    29   I     6   I     2   I    66
                    I   9.1   I  34.8   I  43.9   I   9.1   I   3.0   I  45.2
                    I  37.5   I  56.1   I  41.4   I  54.5   I  25.0   I
                    I   4.1   I  15.8   I  19.9   I   4.1   I   1.4   I
                   -I---------I---------I---------I---------I---------I
              4.00  I    10   I    18   I    41   I     5   I     6   I    80
                    I  12.5   I  22.5   I  51.3   I   6.3   I   7.5   I  54.8
                    I  62.5   I  43.9   I  58.6   I  45.5   I  75.0   I
                    I   6.8   I  12.3   I  28.1   I   3.4   I   4.1   I
                   -I---------I---------I---------I---------I---------I
            COLUMN       16        41        70        11         8       146
             TOTAL     11.0      28.1      47.9       7.5       5.5     100.0

CHI SQUARE =      4.45631 WITH   4 DEGREES OF FREEDOM
```

```
                  VAR028  Working with music, art, etc. has the following
          COUNT   I       effect upon my ability to reach my goals.
          ROW PCT I  Very                  Not harmful                Very            ROW
          COL PCT I  harmful  Harmful     or helpful     Helpful    helpful          TOTAL
          TOT PCT I    0.0  I     1.00I      2.00I        3.00I        4.00I
VAR001    --------I---------I---------I---------I---------I---------I
            1.00  I      0  I       0 I        9 I       34 I       23 I       66
                  I    0.0  I     0.0 I     13.6 I     51.5 I     34.8 I     45.2
                  I    0.0  I     0.0 I     32.1 I     45.3 I     59.0 I
                  I    0.0  I     0.0 I      6.2 I     23.3 I     15.8 I
                 -I---------I---------I---------I---------I---------I
            4.00  I      3  I       1 I       19 I       41 I       16 I       80
                  I    3.8  I     1.3 I     23.8 I     51.3 I     20.0 I     54.8
                  I  100.0  I   100.0 I     67.9 I     54.7 I     41.0 I
                  I    2.1  I     0.7 I     13.0 I     28.1 I     11.0 I
                 -I---------I---------I---------I---------I---------I
          COLUMN         3          1         28         75         39        146
           TOTAL       2.1        0.7       19.2       51.4       26.7      100.0

CHI SQUARE =      8.21424 WITH   4 DEGREES OF FREEDOM
```

```
                  VAR029  Dating has the following effect upon
          COUNT   I       my ability to reach my goals.
          ROW PCT I  Very                  Not harmful                Very            ROW
          COL PCT I  harmful  Harmful     or helpful     Helpful    helpful          TOTAL
          TOT PCT I    0.0  I     1.00I      2.00I        3.00I        4.00I
VAR001    --------I---------I---------I---------I---------I---------I
            1.00  I      2  I       4 I       33 I       17 I       10 I       66
                  I    3.0  I     6.1 I     50.0 I     25.8 I     15.2 I     45.2
                  I   50.0  I    50.0 I     43.4 I     53.1 I     38.5 I
                  I    1.4  I     2.7 I     22.6 I     11.6 I      6.8 I
                 -I---------I---------I---------I---------I---------I
            4.00  I      2  I       4 I       43 I       15 I       16 I       80
                  I    2.5  I     5.0 I     53.8 I     18.8 I     20.0 I     54.8
                  I   50.0  I    50.0 I     56.6 I     46.9 I     61.5 I
                  I    1.4  I     2.7 I     29.5 I     10.3 I     11.0 I
                 -I---------I---------I---------I---------I---------I
          COLUMN         4          8         76         32         26        146
           TOTAL       2.7        5.5       52.1       21.9       17.8      100.0

CHI SQUARE =      1.49670 WITH   4 DEGREES OF FREEDOM
```

```
                  VAR030  Playing sports has the following effect
          COUNT   I       upon my ability to reach my goals.
          ROW PCT I Very              Not harmful              Very              ROW
          COL PCT I harmful  Harmful  or helpful   Helpful     helpful           TOTAL
          TOT PCT I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001    --------I---------I---------I---------I---------I---------I
            1.00  I       0 I       3 I      14 I      30 I      19 I     66
                  I     0.0 I     4.5 I    21.2 I    45.5 I    28.8 I   45.2
                  I     0.0 I    50.0 I    45.2 I    46.2 I    46.3 I
                  I     0.0 I     2.1 I     9.6 I    20.5 I    13.0 I
                 -I---------I---------I---------I---------I---------I
            4.00  I       3 I       3 I      17 I      35 I      22 I     80
                  I     3.8 I     3.8 I    21.3 I    43.8 I    27.5 I   54.8
                  I   100.0 I    50.0 I    54.8 I    53.8 I    53.7 I
                  I     2.1 I     2.1 I    11.6 I    24.0 I    15.1 I
                 -I---------I---------I---------I---------I---------I
          COLUMN          3         6        31        65        41        146
          TOTAL         2.1       4.1      21.2      44.5      28.1      100.0

CHI SQUARE =      2.57566 WITH   4 DEGREES OF FREEDOM
```

```
                  VAR031 Taking drugs has the following effect
          COUNT   I      upon my ability to reach my goals.
          ROW PCT I Very              Not harmful              Very              ROW
          COL PCT I harmful  Harmful  or helpful   Helpful     helpful           TOTAL
          TOT PCT I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001    --------I---------I---------I---------I---------I---------I
            1.00  I      54 I       5 I       3 I       2 I       2 I     66
                  I    81.8 I     7.6 I     4.5 I     3.0 I     3.0 I   45.2
                  I    47.0 I    29.4 I    42.9 I    50.0 I    66.7 I
                  I    37.0 I     3.4 I     2.1 I     1.4 I     1.4 I
                 -I---------I---------I---------I---------I---------I
            4.00  I      61 I      12 I       4 I       2 I       1 I     80
                  I    76.3 I    15.0 I     5.0 I     2.5 I     1.3 I   54.8
                  I    53.0 I    70.6 I    57.1 I    50.0 I    33.3 I
                  I    41.8 I     8.2 I     2.7 I     1.4 I     0.7 I
                 -I---------I---------I---------I---------I---------I
          COLUMN        115        17         7         4         3        146
          TOTAL        78.8      11.6       4.8       2.7       2.1      100.0

CHI SQUARE =      2.46482 WITH   4 DEGREES OF FREEDOM
```

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```
                VAR032  Fighting has the following effect
        COUNT   I       upon my ability to reach my goals.
        ROW PCT I Very                  Not harmful                  Very                ROW
        COL PCT I harmful   Harmful     or helpful    Helpful        helpful            TOTAL
        TOT PCT I    0.0 I      1.00I      2.00I      3.00I      4.00I
VAR001  --------I--------I---------I---------I---------I---------I
          1.00  I    27  I     24  I      8  I      5  I      2  I        66
                I  40.9  I   36.4  I   12.1  I    7.6  I    3.0  I      45.2
                I  47.4  I   46.2  I   30.8  I   71.4  I   50.0  I
                I  18.5  I   16.4  I    5.5  I    3.4  I    1.4  I
               -I--------I---------I---------I---------I---------I
          4.00  I    30  I     28  I     18  I      2  I      2  I        80
                I  37.5  I   35.0  I   22.5  I    2.5  I    2.5  I      54.8
                I  52.6  I   53.8  I   69.2  I   28.6  I   50.0  I
                I  20.5  I   19.2  I   12.3  I    1.4  I    1.4  I
               -I--------I---------I---------I---------I---------I
        COLUMN       57        52        26         7         4         146
         TOTAL     39.0      35.6      17.8       4.8       2.7       100.0

CHI SQUARE =      4.29447 WITH   4 DEGREES OF FREEDOM
```

```
                VAR033  My chances of smoking cigarettes
        COUNT   I       would be:
        ROW PCT I None      Some        Average    Better than   Very good          ROW
        COL PCT I                                  average                         TOTAL
        TOT PCT I    0.0 I      1.00I      2.00I      3.00I      4.00I
VAR001  --------I--------I---------I---------I---------I---------I
          1.00  I    38  I     15  I      7  I      2  I      4  I        66
                I  57.6  I   22.7  I   10.6  I    3.0  I    6.1  I      45.2
                I  48.1  I   44.1  I   50.0  I   50.0  I   26.7  I
                I  26.0  I   10.3  I    4.8  I    1.4  I    2.7  I
               -I--------I---------I---------I---------I---------I
          4.00  I    41  I     19  I      7  I      2  I     11  I        80
                I  51.3  I   23.8  I    8.8  I    2.5  I   13.8  I      54.8
                I  51.9  I   55.9  I   50.0  I   50.0  I   73.3  I
                I  28.1  I   13.0  I    4.8  I    1.4  I    7.5  I
               -I--------I---------I---------I---------I---------I
        COLUMN       79        34        14         4        15         146
         TOTAL     54.1      23.3       9.6       2.7      10.3       100.0

CHI SQUARE =      2.53199 WITH   4 DEGREES OF FREEDOM
```

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```
               VARC34  My chances of sniffing glue
      COUNT   I        would be:
      ROW PCT I                                    Better than               ROW
      COL PCT I  None       Some       Average     average    Very good    TOTAL
      TOT PCT I    0.0  I     1.00I      2.00I       3.00I      4.00I
VAR001        --------I--------I--------I--------I--------I--------I
       1.00   I    54   I     7   I     1   I     2   I     2   I     66
              I   81.8  I   10.6  I    1.5  I    3.0  I    3.0  I   45.2
              I   50.5  I   38.9  I   12.5  I   50.0  I   22.2  I
              I   37.0  I    4.8  I    0.7  I    1.4  I    1.4  I
             -I--------I--------I--------I--------I--------I
       4.00   I    53   I    11   I     7   I     2   I     7   I     80
              I   66.3  I   13.8  I    8.8  I    2.5  I    8.8  I   54.8
              I   49.5  I   61.1  I   87.5  I   50.0  I   77.8  I
              I   36.3  I    7.5  I    4.8  I    1.4  I    4.8  I
             -I--------I--------I--------I--------I--------I
      COLUMN       107       18         8         4         9        146
      TOTAL       73.3     12.3       5.5       2.7       6.2      100.0

CHI SQUARE =       6.89696 WITH   4 DEGREES OF FREEDOM




               VARC35  My chance of stealing or vandalizing
      COUNT   I        would be:
      ROW PCT I                                    Better than               ROW
      COL PCT I  None       Some       Average     average    Very good    TOTAL
      TOT PCT I    0.0  I     1.00I      2.00I       3.00I      4.00I
VAR001        --------I--------I--------I--------I--------I--------I
       1.00   I    46   I    13   I     7   I     0   I     0   I     66
              I   69.7  I   19.7  I   10.6  I    0.0  I    0.0  I   45.2
              I   46.9  I   50.0  I   53.8  I    0.0  I    0.0  I
              I   31.5  I    8.9  I    4.8  I    0.0  I    0.0  I
             -I--------I--------I--------I--------I--------I
       4.00   I    52   I    13   I     6   I     5   I     4   I     80
              I   65.0  I   16.3  I    7.5  I    6.3  I    5.0  I   54.8
              I   53.1  I   50.0  I   46.2  I  100.0  I  100.0  I
              I   35.6  I    8.9  I    4.1  I    3.4  I    2.7  I
             -I--------I--------I--------I--------I--------I
      COLUMN        98       26        13         5         4        146
      TOTAL       67.1     17.8       8.9       3.4       2.7      100.0

CHI SQUARE =       8.17699 WITH   4 DEGREES OF FREEDOM
```

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```
             VAR036  My chances of working hard
   COUNT  I          would be:
   ROW PCT I                                   Better than                 ROW
   COL PCT I  None      Some       Average      average    Very good      TOTAL
   TOT PCT I    0.0  I     1.00I      2.00I       3.00I       4.00I
VAR001  --------I--------I---------I---------I---------I---------I
     1.00  I      4  I      1  I      6  I     12  I     43  I     66
           I    6.1  I    1.5  I    9.1  I   18.2  I   65.2  I   45.2
           I   50.0  I   25.0  I   46.2  I   38.7  I   47.8  I
           I    2.7  I    0.7  I    4.1  I    8.2  I   29.5  I
          -I---------I---------I---------I---------I---------I
     4.00  I      4  I      3  I      7  I     19  I     47  I     80
           I    5.0  I    3.8  I    8.8  I   23.8  I   58.8  I   54.8
           I   50.0  I   75.0  I   53.8  I   61.3  I   52.2  I
           I    2.7  I    2.1  I    4.8  I   13.0  I   32.2  I
          -I---------I---------I---------I---------I---------I
   COLUMN         8         4        13        31        90      146
    TOTAL       5.5       2.7       8.9      21.2      61.6     100.0

CHI SQUARE =      1.50673 WITH   4 DEGREES OF FREEDOM
```

```
             VAR037  My chances of using marijuana
   COUNT  I          would be:
   ROW PCT I                                   Better than                 ROW
   COL PCT I  None      Some       Average      average    Very good      TOTAL
   TOT PCT I    0.0  I     1.00I      2.00I       3.00I       4.00I
VAR001  --------I--------I---------I---------I---------I---------I
     1.00  I     57  I      4  I      2  I      1  I      2  I     66
           I   86.4  I    6.1  I    3.0  I    1.5  I    3.0  I   45.2
           I   49.6  I   57.1  I   33.3  I   25.0  I   14.3  I
           I   39.0  I    2.7  I    1.4  I    0.7  I    1.4  I
          -I---------I---------I---------I---------I---------I
     4.00  I     58  I      3  I      4  I      3  I     12  I     80
           I   72.5  I    3.8  I    5.0  I    3.8  I   15.0  I   54.8
           I   50.4  I   42.9  I   66.7  I   75.0  I   85.7  I
           I   39.7  I    2.1  I    2.7  I    2.1  I    8.2  I
          -I---------I---------I---------I---------I---------I
   COLUMN       115         7         6         4        14      146
    TOTAL      78.8       4.8       4.1       2.7       9.6     100.0

CHI SQUARE =      7.68931 WITH   4 DEGREES OF FREEDOM
```

```
                    VAR038  My chances of getting married
            COUNT   I       would be:
            ROW PCT I                                         Better than              ROW
            COL PCT I   None        Some       Average        average    Very good    TOTAL
            TOT PCT I     0.0 I      1.00I      2.00I      3.00I      4.00I
VAR001      --------I---------I---------I---------I---------I---------I
             1.00   I      9  I      8  I     10  I     12  I     27  I     66
                    I   13.6  I   12.1  I   15.2  I   18.2  I   40.9  I   45.2
                    I   39.1  I   57.1  I   55.6  I   44.4  I   42.2  I
                    I    6.2  I    5.5  I    6.8  I    8.2  I   18.5  I
                   -I---------I---------I---------I---------I---------I
             4.00   I     14  I      6  I      8  I     15  I     37  I     80
                    I   17.5  I    7.5  I   10.0  I   18.8  I   46.3  I   54.8
                    I   60.9  I   42.9  I   44.4  I   55.6  I   57.8  I
                    I    9.6  I    4.1  I    5.5  I   10.3  I   25.3  I
                   -I---------I---------I---------I---------I---------I
           COLUMN        23         14         18         27         64        146
            TOTAL      15.8        9.6       12.3       18.5       43.8      100.0

CHI SQUARE =      2.16819 WITH   4 DEGREES OF FREEDOM
```

```
                    VAR039  My chances of street racing, etc.
            COUNT   I       would be:
            ROW PCT I                                       Better than                ROW
            COL PCT I  None        Some       Average       average     Very good     TOTAL
            TOT PCT I     0.0 I      1.00I      2.00I      3.00I      4.00I
VAR001      --------I---------I---------I---------I---------I---------I
             1.00   I     31  I     12  I     13  I      2  I      8  I     66
                    I   47.0  I   18.2  I   19.7  I    3.0  I   12.1  I   45.2
                    I   59.6  I   31.6  I   46.4  I   28.6  I   38.1  I
                    I   21.2  I    8.2  I    8.9  I    1.4  I    5.5  I
                   -I---------I---------I---------I---------I---------I
             4.00   I     21  I     26  I     15  I      5  I     13  I     80
                    I   26.3  I   32.5  I   18.8  I    6.3  I   16.3  I   54.8
                    I   40.4  I   68.4  I   53.6  I   71.4  I   61.9  I
                    I   14.4  I   17.8  I   10.3  I    3.4  I    8.9  I
                   -I---------I---------I---------I---------I---------I
           COLUMN        52         38         28          7         21        146
            TOTAL      35.6       26.0       19.2        4.8       14.4      100.0

CHI SQUARE =      8.43511 WITH   4 DEGREES OF FREEDOM
```

```
                    VAR040  My chances of cheating or lying
           COUNT   I     .  would be:
           ROW PCT I                                                       ROW
           COL PCT I  None       Some         Average  Better than         TOTAL
           TOT PCT I      0.0 I      1.00I      2.00I  average   3.00I  Very good 4.00I
VAR001     --------I---------I---------I---------I---------I---------I
            1.00   I    31   I    17   I    11   I     3   I     4   I     66
                   I  47.0   I  25.8   I  16.7   I   4.5   I   6.1   I   45.2
                   I  52.5   I  37.0   I  47.8   I  50.0   I  33.3   I
                   I  21.2   I  11.6   I   7.5   I   2.1   I   2.7   I
                  -I---------I---------I---------I---------I---------I
            4.00   I    28   I    29   I    12   I     3   I     8   I     80
                   I  35.0   I  36.3   I  15.0   I   3.8   I  10.0   I   54.8
                   I  47.5   I  63.0   I  52.2   I  50.0   I  66.7   I
                   I  19.2   I  19.9   I   8.2   I   2.1   I   5.5   I
                  -I---------I---------I---------I---------I---------I
           COLUMN       59        46        23         6        12        146
            TOTAL     40.4      31.5      15.8       4.1       8.2      100.0

CHI SQUARE =      3.34811 WITH   4 DEGREES OF FREEDOM
```

```
                    VAR041  My chances of drinking beer, etc.
           COUNT   I        would be:
           ROW PCT I                                                       ROW
           COL PCT I  None       Some         Average  Better than         TOTAL
           TOT PCT I      0.0 I      1.00I      2.00I  average   3.00I  Very good 4.00I
VAR001     --------I---------I---------I---------I---------I---------I
            1.00   I    43   I    13   I     4   I     5   I     1   I     66
                   I  65.2   I  19.7   I   6.1   I   7.6   I   1.5   I   45.2
                   I  46.2   I  46.4   I  36.4   I  55.6   I  20.0   I
                   I  29.5   I   8.9   I   2.7   I   3.4   I   0.7   I
                  -I---------I---------I---------I---------I---------I
            4.00   I    50   I    15   I     7   I     4   I     4   I     80
                   I  62.5   I  18.8   I   8.8   I   5.0   I   5.0   I   54.8
                   I  53.8   I  53.6   I  63.6   I  44.4   I  80.0   I
                   I  34.2   I  10.3   I   4.8   I   2.7   I   2.7   I
                  -I---------I---------I---------I---------I---------I
           COLUMN       93        28        11         9         5        146
            TOTAL     63.7      19.2       7.5       6.2       3.4      100.0

CHI SQUARE =      2.07565 WITH   4 DEGREES OF FREEDOM
```

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```
             VAR042  My chances of belonging to a close group
  COUNT    I         would be:
  ROW PCT  I                                                              ROW
  COL PCT  I   None       Some        Average   Better than   Very good   TOTAL
  TOT PCT  I    0.0  I      1.00I      2.00I   average 3.00I    4.00I
VAR001     --------I---------I---------I---------I---------I---------I
    1.00   I    30   I    12   I    13   I     3   I     8   I    66
           I  45.5   I  18.2   I  19.7   I   4.5   I  12.1   I  45.2
           I  52.6   I  31.6   I  56.5   I  37.5   I  40.0   I
           I  20.5   I   8.2   I   8.9   I   2.1   I   5.5   I
          -I---------I---------I---------I---------I---------I
    4.00   I    27   I    26   I    10   I     5   I    12   I    80
           I  33.8   I  32.5   I  12.5   I   6.3   I  15.0   I  54.8
           I  47.4   I  68.4   I  43.5   I  62.5   I  60.0   I
           I  18.5   I  17.8   I   6.8   I   3.4   I   8.2   I
          -I---------I---------I---------I---------I---------I
   COLUMN       57        38        23         8        20        146
    TOTAL     39.0      26.0      15.8       5.5      13.7      100.0

CHI SQUARE =      5.71718 WITH    4 DEGREES OF FREEDOM
```

```
             VAR043  My chances of working with music, etc.
  COUNT    I         would be:
  ROW PCT  I                                                              ROW
  COL PCT  I   None       Some        Average   Better than   Very good   TOTAL
  TOT PCT  I    0.0  I      1.00I      2.00I   average 3.00I    4.00I
VAR001     --------I---------I---------I---------I---------I---------I
    1.00   I     8   I     7   I    13   I     9   I    29   I    66
           I  12.1   I  10.6   I  19.7   I  13.6   I  43.9   I  45.2
           I  61.5   I  33.3   I  43.3   I  36.0   I  50.9   I
           I   5.5   I   4.8   I   8.9   I   6.2   I  19.9   I
          -I---------I---------I---------I---------I---------I
    4.00   I     5   I    14   I    17   I    16   I    28   I    80
           I   6.3   I  17.5   I  21.3   I  20.0   I  35.0   I  54.8
           I  38.5   I  66.7   I  56.7   I  64.0   I  49.1   I
           I   3.4   I   9.6   I  11.6   I  11.0   I  19.2   I
          -I---------I---------I---------I---------I---------I
   COLUMN       13        21        30        25        57        146
    TOTAL      8.9      14.4      20.5      17.1      39.0      100.0

CHI SQUARE =      4.23297 WITH    4 DEGREES OF FREEDOM
```

```
                  VARC44   My chances of dating
         COUNT   I         would be:
         ROW PCT I                                 Better than               ROW
         COL PCT I  None       Some      Average     average    Very good    TCTAL
         TOT PCT I    0.0  I     1.CCI     2.CCI      3.00I      4.00I
VAR001   --------I---------I---------I---------I---------I---------I
           1.00  I      7  I     10  I     19  I      9  I     21  I      66
                 I   1C.6  I   15.2  I   28.8  I   13.6  I   31.8  I    45.2
                 I   36.8  I   47.6  I   57.6  I   42.9  I   40.4  I
                 I    4.8  I    6.8  I   13.C  I    6.2  I   14.4  I
                -I---------I---------I---------I---------I---------I
           4.0C  I     12  I     11  I     14  I     12  I     31  I      80
                 I   15.C  I   13.8  I   17.5  I   15.0  I   38.8  I    54.8
                 I   63.2  I   52.4  I   42.4  I   57.1  I   59.6  I
                 I    8.2  I    7.5  I    9.6  I    8.2  I   21.2  I
                -I---------I---------I---------I---------I---------I
         COLUMN        19        21        33        21        52        146
         TOTAL       13.C      14.4      22.6      14.4      35.6      100.0

CHI SQUARE =      3.15920 WITH   4 DEGREES CF FREEDCM
```

```
                  VARC45   My chances of playing sports
         COUNT   I         would be:
         ROW PCT I                                 Better than               RCW
         COL PCT I None        Some      Average     average    Very good    TCTAL
         TOT PCT I    0.0  I     1.00I     2.CCI      3.00I      4.00I
VAR0C1   --------I---------I---------I---------I---------I---------I
           1.0C  I     1C  I     10  I      7  I     10  I     29  I      66
                 I   15.2  I   15.2  I   1C.6  I   15.2  I   43.9  I    45.2
                 I   58.8  I   52.6  I   31.8  I   45.5  I   43.9  I
                 I    6.8  I    6.8  I    4.8  I    6.8  I   19.9  I
                -I---------I---------I---------I---------I---------I
           4.0C  I      7  I      9  I     15  I     12  I     37  I      80
                 I    8.8  I   11.3  I   18.8  I   15.0  I   46.3  I    54.8
                 I   41.2  I   47.4  I   68.2  I   54.5  I   56.1  I
                 I    4.8  I    6.2  I   1C.3  I    8.2  I   25.3  I
                -I---------I---------I---------I---------I---------I
         COLUMN        17        19        22        22        66        146
         TOTAL       11.6      13.0      15.1      15.1      45.2      100.0

CHI SQUARE =      3.33C81 WITH   4 DEGREES CF FREEDCM
```

195

```
                    VARC46  My chances of taking drugs
           COUNT  I         would be:
           ROW PCT I                                          Better than                RCW
           COL PCT I  None       Some       Average      average     Very good   TCTAL
           TOT PCT I    0.0  I      1.COI      2.COI      3.00I      4.00I
VAR001     --------I---------I---------I---------I---------I---------I
            1.00   I     53  I      4  I      3  I      3  I      3  I      66
                   I   8C.3  I    6.1  I    4.5  I    4.5  I    4.5  I    45.2
                   I   45.7  I   33.3  I   42.9  I   75.0  I   42.9  I
                   I   36.3  I    2.7  I    2.1  I    2.1  I    2.1  I
                  -I---------I---------I---------I---------I---------I
            4.0C   I     63  I      8  I      4  I      1  I      4  I      80
                   I   78.8  I   10.0  I    5.0  I    1.3  I    5.0  I    54.8
                   I   54.3  I   66.7  I   57.1  I   25.0  I   57.1  I
                   I   43.2  I    5.5  I    2.7  I    0.7  I    2.7  I
                  -I---------I---------I---------I---------I---------I
           COLUMN       116        12          7          4          7        146
            TOTAL       79.5       8.2        4.8        2.7        4.8      100.0

CHI SQUARE =       2.15849 WITH    4 DEGREES CF FREEDCM
```

```
                    VARC47  My chances of fighting
           COUNT  I         would be:
           ROW PCT I                                          Better than                RCW
           COL PCT I  None       Some       Average      average     Very good   TCTAL
           TOT PCT I    0.0  I      1.00I      2.COI      3.00I      4.00I
VAR001     --------I---------I---------I---------I---------I---------I
            1.00   I     33  I     16  I      7  I      6  I      4  I      66
                   I   5C.C  I   24.2  I   1C.6  I    9.1  I    6.1  I    45.2
                   I   47.1  I   45.7  I   36.8  I   54.5  I   36.4  I
                   I   22.6  I   11.0  I    4.8  I    4.1  I    2.7  I
                  -I---------I---------I---------I---------I---------I
            4.00   I     37  I     19  I     12  I      5  I      7  I      80
                   I   46.3  I   23.8  I   15.C  I    6.3  I    8.8  I    54.8
                   I   52.9  I   54.3  I   63.2  I   45.5  I   63.6  I
                   I   25.3  I   13.0  I    8.2  I    3.4  I    4.8  I
                  -I---------I---------I---------I---------I---------I
           COLUMN        7C        35         19         11         11        146
            TOTAL      47.9      24.0       13.C        7.5        7.5      100.0

CHI SQUARE =       1.38C82 WITH    4 DEGREES CF FREEDCM
```

```
             VARC48  If I were a person who fights, uses drugs, or steals, school progr
   COUNT    I        would have the following effect on changing my behavior.
   ROW PCT  I                                                                 ROW
   COL PCT  INot helpful Little helpful  Helpful  Very helpful Most helpfulTOTAL
   TOT PCT  I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001     --------I--------I--------I--------I--------I--------I
     1.00   I      8  I      9  I     23  I     11  I     15  I     66
            I   12.1  I   13.6  I   34.8  I   16.7  I   22.7  I   45.2
            I   57.1  I   37.5  I   46.9  I   39.3  I   48.4  I
            I    5.5  I    6.2  I   15.8  I    7.5  I   10.3  I
           -I--------I--------I--------I--------I--------I
     4.00   I      6  I     15  I     26  I     17  I     16  I     80
            I    7.5  I   18.8  I   32.5  I   21.3  I   20.0  I   54.8
            I   42.9  I   62.5  I   53.1  I   60.7  I   51.6  I
            I    4.1  I   10.3  I   17.8  I   11.6  I   11.0  I
           -I--------I--------I--------I--------I--------I
   COLUMN          14        24        49        28        31       146
   TOTAL          9.6      16.4      33.6      19.2      21.2     100.0

CHI SQUARE =      1.96294 WITH    4 DEGREES OF FREEDOM
```

```
             VARC49  If I were a person who fights, uses drugs, or steals, good
   COUNT    I        examples would have the following effect on changing my behav
   ROW PCT  I Not       A little                Very       Most        ROW
   COL PCT  I helpful   helpful     Helpful     helpful    helpful     TOTAL
   TOT PCT  I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001     --------I--------I--------I--------I--------I--------I
     1.00   I      6  I      4  I     21  I     15  I     20  I     66
            I    9.1  I    6.1  I   31.8  I   22.7  I   30.3  I   45.2
            I   60.0  I   26.7  I   51.2  I   35.7  I   52.6  I
            I    4.1  I    2.7  I   14.4  I   10.3  I   13.7  I
           -I--------I--------I--------I--------I--------I
     4.00   I      4  I     11  I     20  I     27  I     18  I     80
            I    5.0  I   13.8  I   25.0  I   33.8  I   22.5  I   54.8
            I   40.0  I   73.3  I   48.8  I   64.3  I   47.4  I
            I    2.7  I    7.5  I   13.7  I   18.5  I   12.3  I
           -I--------I--------I--------I--------I--------I
   COLUMN          10        15        41        42        38       146
   TOTAL          6.8      10.3      28.1      28.8      26.0     100.0

CHI SQUARE =      5.93702 WITH    4 DEGREES OF FREEDOM
```

```
                   VAR050  If I were a person who fights, uses drugs, or steals, church programs
        COUNT    I         would have the following effect on changing my behavior.
        ROW PCT  I  Not        A little                  Very        Most            ROW
        COL PCT  I  helpful     helpful      Helpful    helpful      helpful        TOTAL
        TOT PCT  I      0.0  I      1.00I      2.00I      3.00I      4.00I
VAR001  ---------I-----------I----------I----------I----------I----------I
          1.00   I        7  I       12  I      19  I      17  I      11  I       66
                 I     10.6  I     18.2  I    28.8  I    25.8  I    16.7  I     45.2
                 I     43.8  I     57.1  I    48.7  I    47.2  I    32.4  I
                 I      4.8  I      8.2  I    13.0  I    11.6  I     7.5  I
                -I-----------I----------I----------I----------I----------I
          4.00   I        9  I        9  I      20  I      19  I      23  I       80
                 I     11.3  I     11.3  I    25.0  I    23.8  I    28.8  I     54.8
                 I     56.3  I     42.9  I    51.3  I    52.8  I    67.6  I
                 I      6.2  I      6.2  I    13.7  I    13.0  I    15.8  I
                -I-----------I----------I----------I----------I----------I
        COLUMN          16          21          39          36          34         146
        TOTAL         11.0        14.4        26.7        24.7        23.3       100.0

CHI SQUARE =      3.74257 WITH    4 DEGREES OF FREEDOM
```

```
                   VAR051  If I were a person who fights, uses drugs, or steals, interesting work
        COUNT    I         would have the following effect on changing my behavior.
        ROW PCT  I   Not        A little                  Very         Most            ROW
        COL PCT  I   helpful     helpful      Helpful    helpful       helpful        TOTAL
        TOT PCT  I      0.0  I      1.00I      2.00I      3.00I      4.00I
VAR001  ---------I-----------I----------I----------I----------I----------I
          1.00   I        3  I        6  I      19  I      21  I      17  I       66
                 I      4.5  I      9.1  I    28.8  I    31.8  I    25.8  I     45.2
                 I     42.9  I     35.3  I    45.2  I    42.0  I    56.7  I
                 I      2.1  I      4.1  I    13.0  I    14.4  I    11.6  I
                -I-----------I----------I----------I----------I----------I
          4.00   I        4  I       11  I      23  I      29  I      13  I       80
                 I      5.0  I     13.8  I    28.8  I    36.3  I    16.3  I     54.8
                 I     57.1  I     64.7  I    54.8  I    58.0  I    43.3  I
                 I      2.7  I      7.5  I    15.8  I    19.9  I     8.9  I
                -I-----------I----------I----------I----------I----------I
        COLUMN           7          17          42          50          30         146
        TOTAL          4.8        11.6        28.8        34.2        20.5       100.0

CHI SQUARE =      2.48814 WITH    4 DEGREES OF FREEDOM
```

```
                 VARC52  If I were a person who fights, uses drugs, or steals, warnings of dang
          COUNT  I       would have the following effect on changing my behavior.
        ROW PCT  I  Not        A little                  Very      Most            RCW
        COL PCT  I helpful     helpful     Helpful      helpful   helpful         TCTAL
        TOT PCT  I    0.0 I       1.00I       2.00I       3.00I       4.00I
VAR001  ---------I--------I-----------I-----------I-----------I-----------I
           1.00  I     21 I        9  I       19  I        6  I       11  I        66
                 I   31.8 I     13.6  I     28.8  I      9.1  I     16.7  I      45.2
                 I   53.8 I     36.0  I     51.4  I     37.5  I     37.9  I
                 I   14.4 I      6.2  I     13.0  I      4.1  I      7.5  I
                -I--------I-----------I-----------I-----------I-----------I
           4.00  I     18 I       16  I       18  I       10  I       18  I        80
                 I   22.5 I     20.0  I     22.5  I     12.5  I     22.5  I      54.8
                 I   46.2 I     64.0  I     48.6  I     62.5  I     62.1  I
                 I   12.3 I     11.0  I     12.3  I      6.8  I     12.3  I
                -I--------I-----------I-----------I-----------I-----------I
         COLUMN        39         25          37          16          29          146
          TOTAL      26.7       17.1        25.3        11.0        19.9        100.0

CHI SQUARE =      3.59807 WITH    4 DEGREES OF FREEDOM
```

```
                 VARC53  If I were a person who fights, uses drugs, or steals, parental love
          COUNT  I       and understanding would have the following effect on changing my beha
        ROW PCT  I  Not       A little                   Very      Most            RCW
        COL PCT  I helpful    helpful      Helpful      helpful   helpful         TCTAL
        TOT PCT  I    0.0 I       1.00I       2.00I       3.00I       4.00I
VAR001  ---------I--------I-----------I-----------I-----------I-----------I
           1.00  I      4 I        8  I        9  I       13  I       32  I        66
                 I    6.1 I     12.1  I     13.6  I     19.7  I     48.5  I      45.2
                 I   57.1 I     57.1  I     52.9  I     41.9  I     41.6  I
                 I    2.7 I      5.5  I      6.2  I      8.9  I     21.9  I
                -I--------I-----------I-----------I-----------I-----------I
           4.00  I      3 I        6  I        8  I       18  I       45  I        80
                 I    3.8 I      7.5  I     10.0  I     22.5  I     56.3  I      54.8
                 I   42.9 I     42.9  I     47.1  I     58.1  I     58.4  I
                 I    2.1 I      4.1  I      5.5  I     12.3  I     30.8  I
                -I--------I-----------I-----------I-----------I-----------I
         COLUMN         7         14          17          31          77          146
          TCTAL       4.8        9.6        11.6        21.2        52.7        100.0

CHI SQUARE =      2.16610 WITH    4 DEGREES OF FREEDOM
```

```
                  VAR054 If I were a person who fights, uses drugs, or steals, acceptance
          COUNT   I       of friends would have the following effect on changing my behavior.
          ROW PCT I  Not       A little              Very       Most       ROW
          COL PCT I helpful    helpful    Helpful    helpful    helpful    TOTAL
          TOT PCT I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001    --------I---------I---------I---------I---------I---------I
           1.00   I      5  I      2  I     15  I     18  I     26  I     66
                  I    7.6  I    3.0  I   22.7  I   27.3  I   39.4  I   45.2
                  I   55.6  I   28.6  I   40.5  I   39.1  I   55.3  I
                  I    3.4  I    1.4  I   10.3  I   12.3  I   17.8  I
                 -I---------I---------I---------I---------I---------I
           4.00   I      4  I      5  I     22  I     28  I     21  I     80
                  I    5.0  I    6.3  I   27.5  I   35.0  I   26.3  I   54.8
                  I   44.4  I   71.4  I   59.5  I   60.9  I   44.7  I
                  I    2.7  I    3.4  I   15.1  I   19.2  I   14.4  I
                 -I---------I---------I---------I---------I---------I
         COLUMN          9         7        37        46        47       146
          TOTAL        6.2       4.8      25.3      31.5      32.2     100.0

CHI SQUARE =      4.12241 WITH    4 DEGREES OF FREEDOM
```

```
                  VAR055 If I were a person who fights, uses drugs, or steals, stricter laws
          COUNT   I      would have the following effect on changing my behavior.
          ROW PCT I  Not       A little              Very       Most       ROW
          COL PCT I helpful    helpful    Helpful    helpful    helpful    TOTAL
          TOT PCT I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001    --------I---------I---------I---------I---------I---------I
           1.00   I     16  I     21  I     10  I      4  I     15  I     66
                  I   24.2  I   31.8  I   15.2  I    6.1  I   22.7  I   45.2
                  I   53.3  I   60.0  I   31.3  I   19.0  I   53.6  I
                  I   11.0  I   14.4  I    6.8  I    2.7  I   10.3  I
                 -I---------I---------I---------I---------I---------I
           4.00   I     14  I     14  I     22  I     17  I     13  I     80
                  I   17.5  I   17.5  I   27.5  I   21.3  I   16.3  I   54.8
                  I   46.7  I   40.0  I   68.8  I   81.0  I   46.4  I
                  I    9.6  I    9.6  I   15.1  I   11.6  I    8.9  I
                 -I---------I---------I---------I---------I---------I
         COLUMN         30        35        32        21        28       146
          TOTAL       20.5      24.0      21.9      14.4      19.2     100.0

CHI SQUARE =     13.00087 WITH    4 DEGREES OF FREEDOM
```

```
                    VARC56  If I were a person who fights, uses drugs, or steals, quitting scho
          COUNT    I        would have the following effect on my behavior.
          ROW PCT  I    Not      A little                  Very       Most          ROW
          COL PCT  I   helpful    helpful    Helpful      helpful    helpful        TOTAL
          TOT PCT  I      0.0 I      1.00I      2.00I      3.00I      4.00I
VAR001    ---------I--------- I---------I---------I---------I---------I
           1.00    I      63  I       0 I       1 I       2 I       0 I      66
                   I    95.5  I     0.0 I     1.5 I     3.0 I     0.0 I    45.2
                   I    45.7  I     0.0 I   100.0 I   100.0 I     0.0 I
                   I    43.2  I     0.0 I     0.7 I     1.4 I     0.0 I
                  -I--------- I---------I---------I---------I---------I
           4.00    I      75  I       4 I       0 I       0 I       1 I      80
                   I    93.8  I     5.0 I     0.0 I     0.0 I     1.3 I    54.8
                   I    54.3  I   100.0 I     0.0 I     0.0 I   100.0 I
                   I    51.4  I     2.7 I     0.0 I     0.0 I     0.7 I
                  -I--------- I---------I---------I---------I---------I
          COLUMN         138          4         1         2         1       146
           TOTAL        94.5        2.7       0.7       1.4       0.7     100.0

CHI SQUARE =      7.77248 WITH    4 DEGREES OF FREEDOM
```

```
                  VARC57 If I were a person who fights, uses drugs, or steals, professional h
          COUNT   I      would have the following effect on changing my behavior.
          ROW PCT I  Not      A little                  Very       Most           ROW
          COL PCT I helpful    helpful    Helpful      helpful    helpful         TOTAL
          TOT PCT I     0.0 I      1.00I      2.00I      3.00I      4.00I
VAR001    --------I---------I---------I---------I---------I---------I
           1.00   I       4 I      10 I      14 I      13 I      25 I      66
                  I     6.1 I    15.2 I    21.2 I    19.7 I    37.9 I    45.2
                  I    44.4 I    55.6 I    37.8 I    34.2 I    56.8 I
                  I     2.7 I     6.8 I     9.6 I     8.9 I    17.1 I
                 -I---------I---------I---------I---------I---------I
           4.00   I       5 I       8 I      23 I      25 I      19 I      80
                  I     6.3 I    10.0 I    28.8 I    31.3 I    23.8 I    54.8
                  I    55.6 I    44.4 I    62.2 I    65.8 I    43.2 I
                  I     3.4 I     5.5 I    15.8 I    17.1 I    13.0 I
                 -I---------I---------I---------I---------I---------I
          COLUMN          9        18        37        38        44       146
           TOTAL        6.2      12.3      25.3      26.0      30.1     100.0

CHI SQUARE =      5.84142 WITH    4 DEGREES OF FREEDOM
```

```
                                 I have smoked cigarettes:
                     VAR058
            COUNT    I
            ROW PCT  I  Never      1-5        6 or more  Sometimes   Regularly ROW
            COL PCT  I             times      times                            TOTAL
            TOT PCT  I     0.0  I     1.00I     2.00I      3.00I      4.00I
VAR001      ---------I---------I---------I---------I---------I---------I
            1.00     I     48   I     15   I      2   I      0   I      1   I     66
                     I   72.7   I   22.7   I    3.0   I    0.0   I    1.5   I   45.2
                     I   50.0   I   48.4   I   25.0   I    0.0   I   14.3   I
                     I   32.9   I   10.3   I    1.4   I    0.0   I    0.7   I
                    -I---------I---------I---------I---------I---------I
            4.00     I     48   I     16   I      6   I      4   I      6   I     80
                     I   60.0   I   20.0   I    7.5   I    5.0   I    7.5   I   54.8
                     I   50.0   I   51.6   I   75.0   I  100.0   I   85.7   I
                     I   32.9   I   11.0   I    4.1   I    2.7   I    4.1   I
                    -I---------I---------I---------I---------I---------I
            COLUMN         96         31          8          4          7       146
            TOTAL        65.8       21.2        5.5        2.7        4.8     100.0

CHI SQUARE =      8.33789 WITH   4 DEGREES OF FREEDOM
```

```
                                 I have sniffed glue:
                     VAR059
            COUNT    I
            ROW PCT  I  Never      1-5        6 or more    ROW
            COL PCT  I             times      times        TOTAL
            TOT PCT  I     0.0  I     1.00I     2.00I
VAR001      ---------I---------I---------I---------I
            1.00     I     56   I     10   I      0   I     66
                     I   84.8   I   15.2   I    0.0   I   45.2
                     I   46.7   I   40.0   I    0.0   I
                     I   38.4   I    6.8   I    0.0   I
                    -I---------I---------I---------I
            4.00     I     64   I     15   I      1   I     80
                     I   80.0   I   18.8   I    1.3   I   54.8
                     I   53.3   I   60.0   I  100.0   I
                     I   43.8   I   10.3   I    0.7   I
                    -I---------I---------I---------I
            COLUMN        120         25          1      146
            TOTAL        82.2       17.1        0.7    100.0

CHI SQUARE =      1.20192 WITH   2 DEGREES OF FREEDOM
```

```
                          I have stolen or broken things:
              VARC60
       COUNT  I
     ROW PCT  I  Never      1-5        6 or more   Sometimes   RegularlyROW
     COL PCT  I             times      times                            TCTAL
     TOT PCT  I     0.C I     1.00I     2.CCI      3.00I     4.00I
VAR001 --------I--------I---------I---------I---------I---------I
       1.00   I    37  I    24   I     3   I     1   I     1   I    66
              I  56.1  I  36.4   I   4.5   I   1.5   I   1.5   I  45.2
              I  44.C  I  47.1   I  75.0   I  50.0   I  20.0   I
              I  25.3  I  16.4   I   2.1   I   0.7   I   0.7   I
             -I--------I---------I---------I---------I---------I
       4.00   I    47  I    27   I     1   I     1   I     4   I    80
              I  58.8  I  33.8   I   1.3   I   1.3   I   5.0   I  54.8
              I  56.C  I  52.9   I  25.C   I  50.0   I  80.0   I
              I  32.2  I  18.5   I   C.7   I   0.7   I   2.7   I
             -I--------I---------I---------I---------I---------I
      COLUMN       84       51         4         2         5        146
       TOTAL     57.5     34.9       2.7       1.4       3.4      100.0

CHI SQUARE =      2.85069 WITH   4 DEGREES CF FREEDCM
```

```
              VARC61   I work hard in school or at a job:
       COUNT  I
     ROW PCT  I  Never      1-5        6 or more   Sometimes   RegularlyROW
     COL PCT  I             times      times                            TCTAL
     TOT PCT  I     0.0 I     1.00I     2.CCI      3.00I     4.00I
VAR001 --------I--------I---------I---------I---------I---------I
       1.CC   I     5  I     3   I     3   I     5   I    50   I    66
              I   7.6  I   4.5   I   4.5   I   7.6   I  75.8   I  45.2
              I  33.3  I  6C.0   I  5C.0   I  31.3   I  48.1   I
              I   3.4  I   2.1   I   2.1   I   3.4   I  34.2   I
             -I--------I---------I---------I---------I---------I
       4.00   I    1C  I     2   I     3   I    11   I    54   I    80
              I  12.5  I   2.5   I   3.8   I  13.8   I  67.5   I  54.8
              I  66.7  I  40.0   I  5C.0   I  68.8   I  51.9   I
              I   6.8  I   1.4   I   2.1   I   7.5   I  37.0   I
             -I--------I---------I---------I---------I---------I
      COLUMN       15        5         6        16       104        146
       TOTAL     1C.3      3.4       4.1      11.0      71.2      100.0

CHI SQUARE =      2.95522 WITH   4 DEGREES CF FREEDCM
```

```
                   VAR062       I have used marijuana:
          COUNT   I
          ROW PCT I   Never     1-5        6 or more  Sometimes   Regularly ROW
          COL PCT I             times      times                            TOTAL
          TOT PCT I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001    --------I---------I---------I---------I---------I---------I
            1.00  I     62  I      2  I      2  I      0  I      0  I     66
                  I   93.9  I    3.0  I    3.0  I    0.0  I    0.0  I   45.2
                  I   44.6  I  100.0  I  100.0  I    0.0  I    0.0  I
                  I   42.5  I    1.4  I    1.4  I    0.0  I    0.0  I
                 -I---------I---------I---------I---------I---------I
            4.00  I     77  I      0  I      0  I      1  I      2  I     80
                  I   96.3  I    0.0  I    0.0  I    1.3  I    2.5  I   54.8
                  I   55.4  I    0.0  I    0.0  I  100.0  I  100.0  I
                  I   52.7  I    0.0  I    0.0  I    0.7  I    1.4  I
                 -I---------I---------I---------I---------I---------I
          COLUMN       139          2          2          1          2      146
           TOTAL      95.2        1.4        1.4        0.7        1.4    100.0

CHI SQUARE =      7.34376 WITH   4 DEGREES OF FREEDOM
```

```
                   VAR063      I have street raced:
          COUNT   I
          ROW PCT I  Never   1-5 Times  6 or more Sometimes  Regularly      ROW
          COL PCT I                                                          TOTAL
          TOT PCT I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001    --------I---------I---------I---------I---------I---------I
            1.00  I     32  I     19  I      2  I      6  I      7  I     66
                  I   48.5  I   28.8  I    3.0  I    9.1  I   10.6  I   45.2
                  I   50.8  I   44.2  I   20.0  I   46.2  I   41.2  I
                  I   21.9  I   13.0  I    1.4  I    4.1  I    4.8  I
                 -I---------I---------I---------I---------I---------I
            4.00  I     31  I     24  I      8  I      7  I     10  I     80
                  I   38.8  I   30.0  I   10.0  I    8.8  I   12.5  I   54.8
                  I   49.2  I   55.8  I   80.0  I   53.8  I   58.8  I
                  I   21.2  I   16.4  I    5.5  I    4.8  I    6.8  I
                 -I---------I---------I---------I---------I---------I
          COLUMN        63         43         10         13         17      146
           TOTAL      43.2       29.5        6.8        8.9       11.6    100.0

CHI SQUARE =      3.49325 WITH   4 DEGREES OF FREEDOM
```

```
                  VARC64      I have cheated or told lies:
            COUNT  I  Never     1-5 times  6 or more  Sometimes  Regularly
           ROW PCT I                          times                           ROW
           COL PCT I                                                         TOTAL
           TOT PCT I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001     --------I---------I---------I---------I---------I---------I
             1.00  I     18  I     26  I     11  I      8  I      3  I     66
                   I   27.3  I   39.4  I   16.7  I   12.1  I    4.5  I   45.2
                   I   58.1  I   40.6  I   55.0  I   40.0  I   27.3  I
                   I   12.3  I   17.8  I    7.5  I    5.5  I    2.1  I
                  -I---------I---------I---------I---------I---------I
             4.00  I     13  I     38  I      9  I     12  I      8  I     80
                   I   16.3  I   47.5  I   11.3  I   15.0  I   10.0  I   54.8
                   I   41.9  I   59.4  I   45.0  I   60.0  I   72.7  I
                   I    8.9  I   26.0  I    6.2  I    8.2  I    5.5  I
                  -I---------I---------I---------I---------I---------I
           COLUMN        31        64        20        20        11       146
            TOTAL      21.2      43.8      13.7      13.7       7.5     100.0

CHI SQUARE =       5.03299 WITH   4 DEGREES OF FREEDOM
```

```
                  VARC65      I have drunk beer, wine, etc.:
            COUNT  I
           ROW PCT I  Never     1-5 times  6 or more  Sometimes  Regularly    ROW
           COL PCT I                          times                          TOTAL
           TOT PCT I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001     --------I---------I---------I---------I---------I---------I
             1.00  I     52  I     10  I      3  I      1  I      0  I     66
                   I   78.8  I   15.2  I    4.5  I    1.5  I    0.0  I   45.2
                   I   49.1  I   40.0  I   60.0  I   12.5  I    0.0  I
                   I   35.6  I    6.8  I    2.1  I    0.7  I    0.0  I
                  -I---------I---------I---------I---------I---------I
             4.00  I     54  I     15  I      2  I      7  I      2  I     80
                   I   67.5  I   18.8  I    2.5  I    8.8  I    2.5  I   54.8
                   I   50.9  I   60.0  I   40.0  I   87.5  I  100.0  I
                   I   37.0  I   10.3  I    1.4  I    4.8  I    1.4  I
                  -I---------I---------I---------I---------I---------I
           COLUMN       106        25         5         8         2       146
            TOTAL      72.6      17.1       3.4       5.5       1.4     100.0

CHI SQUARE =       6.45462 WITH   4 DEGREES OF FREEDOM
```

```
                       VAR066  I have belonged to a close group:
               COUNT   I
               ROW PCT I   Never   1-5 times  6 or more  Sometimes  Regularly      ROW
               COL PCT I                        times                              TOTAL
               TOT PCT I    0.0 I     1.00I     2.00I      3.00I     4.00I
VAR001         --------I--------I---------I---------I----------I---------I
                 1.00  I    35  I    20   I     3   I     3    I     5   I      66
                       I  53.0  I  30.3   I   4.5   I   4.5    I   7.6   I    45.2
                       I  43.8  I  47.6   I  42.9   I  50.0    I  45.5   I
                       I  24.0  I  13.7   I   2.1   I   2.1    I   3.4   I
                      -I--------I---------I---------I----------I---------I
                 4.00  I    45  I    22   I     4   I     3    I     6   I      80
                       I  56.3  I  27.5   I   5.0   I   3.8    I   7.5   I    54.8
                       I  56.3  I  52.4   I  57.1   I  50.0    I  54.5   I
                       I  30.8  I  15.1   I   2.7   I   2.1    I   4.1   I
                      -I--------I---------I---------I----------I---------I
               COLUMN       80       42         7         6         11         146
                TOTAL     54.8     28.8       4.8       4.1        7.5       100.0

CHI SQUARE =      0.23873 WITH   4 DEGREES OF FREEDOM
```

```
                       VAR067   I have worked with music, art, etc.:
               COUNT   I
               ROW PCT I   Never   1-5times   6 or more  Sometimes  Regularly      ROW
               COL PCT I                        times                              TOTAL
               TOT PCT I    0.0 I     1.00I     2.00I      3.00I     4.00I
VAR001         --------I--------I---------I---------I----------I---------I
                 1.00  I    14  I     5   I     6   I     9    I    32   I      66
                       I  21.2  I   7.6   I   9.1   I  13.6    I  48.5   I    45.2
                       I  45.2  I  31.3   I  35.3   I  33.3    I  58.2   I
                       I   9.6  I   3.4   I   4.1   I   6.2    I  21.9   I
                      -I--------I---------I---------I----------I---------I
                 4.00  I    17  I    11   I    11   I    18    I    23   I      80
                       I  21.3  I  13.8   I  13.8   I  22.5    I  28.8   I    54.8
                       I  54.8  I  68.8   I  64.7   I  66.7    I  41.8   I
                       I  11.6  I   7.5   I   7.5   I  12.3    I  15.8   I
                      -I--------I---------I---------I----------I---------I
               COLUMN       31       16        17        27         55         146
                TOTAL     21.2     11.0      11.6      18.5       37.7       100.0

CHI SQUARE =      7.20744 WITH   4 DEGREES OF FREEDOM
```

```
                   VAR068   I have dated:
           COUNT   I
           ROW PCT I  Never    1-5 times  6 or more  Sometimes  Regularly      ROW
           COL PCT I                        times                              TOTAL
           TOT PCT I    0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001     --------I--------I---------I---------I---------I---------I
            1.00   I    57  I      3  I      1  I      2  I      3  I       66
                   I  86.4  I    4.5  I    1.5  I    3.0  I    4.5  I     45.2
                   I  49.6  I   25.0  I   25.0  I   33.3  I   33.3  I
                   I  39.0  I    2.1  I    0.7  I    1.4  I    2.1  I
                  -I--------I---------I---------I---------I---------I
            4.00   I    58  I      9  I      3  I      4  I      6  I       80
                   I  72.5  I   11.3  I    3.8  I    5.0  I    7.5  I     54.8
                   I  50.4  I   75.0  I   75.0  I   66.7  I   66.7  I
                   I  39.7  I    6.2  I    2.1  I    2.7  I    4.1  I
                  -I--------I---------I---------I---------I---------I
          COLUMN       115        12          4         6         9        146
           TOTAL      78.8       8.2        2.7       4.1       6.2      100.0

CHI SQUARE =      4.37310 WITH   4 DEGREES OF FREEDOM
```

```
                   VAR069   I have played games like football or basketball:
           COUNT   I
           ROW PCT I  Never    1-5 times  6 or more  Sometimes  Regularly      ROW
           COL PCT I                        times                              TOTAL
           TOT PCT I    0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001     --------I--------I---------I---------I---------I---------I
            1.00   I     7  I      8  I      3  I     18  I     30  I       66
                   I  10.6  I   12.1  I    4.5  I   27.3  I   45.5  I     45.2
                   I  41.2  I   47.1  I   23.1  I   54.5  I   45.5  I
                   I   4.8  I    5.5  I    2.1  I   12.3  I   20.5  I
                  -I--------I---------I---------I---------I---------I
            4.00   I    10  I      9  I     10  I     15  I     36  I       80
                   I  12.5  I   11.3  I   12.5  I   18.8  I   45.0  I     54.8
                   I  58.8  I   52.9  I   76.9  I   45.5  I   54.5  I
                   I   6.8  I    6.2  I    6.8  I   10.3  I   24.7  I
                  -I--------I---------I---------I---------I---------I
          COLUMN        17        17         13        33        66        146
           TOTAL      11.6      11.6        8.9      22.6      45.2      100.0

CHI SQUARE =      3.86875 WITH   4 DEGREES OF FREEDOM
```

```
                  VAR070    I have taken drugs:
          COUNT   I
          ROW PCT I  Never   1-5 times  6 or more  Sometimes  Regularly     ROW
          COL PCT I                       times                            TOTAL
          TOT PCT I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001    --------I---------I---------I---------I---------I---------I
           1.00   I     58  I      1  I      1  I      3  I      3  I      66
                  I   87.9  I    1.5  I    1.5  I    4.5  I    4.5  I    45.2
                  I   45.3  I   20.0  I   33.3  I  100.0  I   42.9  I
                  I   39.7  I    0.7  I    0.7  I    2.1  I    2.1  I
                 -I---------I---------I---------I---------I---------I
           4.00   I     70  I      4  I      2  I      0  I      4  I      80
                  I   87.5  I    5.0  I    2.5  I    0.0  I    5.0  I    54.8
                  I   54.7  I   80.0  I   66.7  I    0.0  I   57.1  I
                  I   47.9  I    2.7  I    1.4  I    0.0  I    2.7  I
                 -I---------I---------I---------I---------I---------I
          COLUMN       128         5         3         3         7        146
          TOTAL       87.7       3.4       2.1       2.1       4.8      100.0

CHI SQUARE =      5.10567 WITH   4 DEGREES OF FREEDOM
```

```
                  VAR071    I have fought on my own or in gangs:
          COUNT   I
          ROW PCT I  Never   1-5 times  6 or more  Sometimes  Regularly     ROW
          COL PCT I                       times                            TOTAL
          TOT PCT I     0.0 I     1.00I     2.00I     3.00I     4.00I
VAR001    --------I---------I---------I---------I---------I---------I
           1.00   I     45  I     11  I      4  I      5  I      1  I      66
                  I   68.2  I   16.7  I    6.1  I    7.6  I    1.5  I    45.2
                  I   54.2  I   29.7  I   50.0  I   38.5  I   20.0  I
                  I   30.8  I    7.5  I    2.7  I    3.4  I    0.7  I
                 -I---------I---------I---------I---------I---------I
           4.00   I     38  I     26  I      4  I      8  I      4  I      80
                  I   47.5  I   32.5  I    5.0  I   10.0  I    5.0  I    54.8
                  I   45.8  I   70.3  I   50.0  I   61.5  I   80.0  I
                  I   26.0  I   17.8  I    2.7  I    5.5  I    2.7  I
                 -I---------I---------I---------I---------I---------I
          COLUMN        83        37         8        13         5        146
          TOTAL       56.8      25.3       5.5       8.9       3.4      100.0

CHI SQUARE =      7.89386 WITH   4 DEGREES OF FREEDOM
```

VALUES INVENTORY
OF BEHAVIORAL RESPONSES

On the next few pages you will be reading some interesting problems that most of us have to face pretty often. Please read these problems and the four choices given that go with each problem. Think about the problem and the choices carefully, and then draw a circle around the number of the choice that you honestly feel fits you.

This is not a test. There are no right or wrong answers. Your names will not be on any of these papers. Do not be afraid to be very honest and to select the choice most like you. The answers you choose will have nothing to do with either your grades or your report cards. We only want to know how boys and girls your age feel about some things.

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Edward W. Sanford, Jr., Ph. D.

	Draw a circle around your answer.	Group I	Group
1.	If I make a foolish mistake		
a.	I can laugh at myself	20.5%	29.1%
b.	I get upset for a few minutes	21.9%	25.6%
c.	I will stay embarrassed for awhile	27.4%	15.1%
d.	I will remember it for a long time	30.1%	30.2%
2.	In choosing sides		
a.	I am usually one of the last chosen	32.9%	34.9%
b.	I am usually one of the first chosen	24.7%	23.3%
c.	Most kids want me on their team	28.8%	25.6%
d.	Most kids don't want me on their team	13.7%	16.3%
3.	I am happiest when		
a.	My work is easy	8.2%	5.8%
b.	I have completed a difficult job well	49.3%	36.0%
c.	I have finished all my work	28.8%	32.6%
d.	I don't have work to do	13.7%	25.6%
4.	When I go to bed		
a.	I usually fall asleep quickly	35.6%	26.7%
b.	I usually stay awake a long time	35.6%	45.3%
c.	Sometimes I hardly sleep at all	6.8%	12.8%
d.	I read until I get sleepy	21.9%	15.1%
5.	It's hard for me to go to sleep		
a.	The night before Christmas	42.5%	32.4%
b.	After being in trouble	13.7%	10.5%
c.	When my school work is too hard	21.9%	29.1%
d.	Most of the time	21.9%	29.1%
6.	I usually		
a.	Feel I am as good as most kids	53.4%	38.4%
b.	Feel I am not as good as most kids	17.8%	11.6%
c.	Feel I am as good at a few things as most kids	21.9%	43.0%
d.	Feel I am better than most kids	6.8%	7.0%

		Group I	Group IV
7.	When I see the flag and hear a band		
a.	I get shivery all over	11.0%	8.1%
b.	I stand at attention	54.8%	43.0%
c.	I have to talk extra loud	15.1%	12.8%
d.	I wish the floats would come	19.2%	36.0%
8.	If my cousin said his school is better than mine, I'd tell him		
a.	He's wrong	6.8%	8.1%
b.	He's entitled to his own opinion	69.9%	74.4%
c.	He shouldn't say things like that	17.8%	9.3%
d.	He'd better take that back	5.5%	8.1%
9.	If I misbehave and the principal calls my parents		
a.	I know I've let my parents down	34.2%	31.4%
b.	I am ashamed to face my parents	30.1%	31.4%
c.	I think, "My father is not afraid of the principal."	8.2%	10.5%
d.	I believe the principal was right to call my parents	27.4%	26.7%
10.	When someone does a job well		
a.	I admit that he did a good job	74.0%	72.1%
b.	I am very happy for him	16.4%	14.0%
c.	I think he probably had help	5.5%	3.5%
d.	I feel I could have done it better	4.1%	10.5%
11.	When friends need help they		
a.	Never ask me for advice	20.5%	17.4%
b.	Often ask me for advice	42.5%	41.9%
c.	Never follow my advice	8.2%	7.0%
d.	Usually follow my advice	28.8%	33.7%
12.	If someone says "sir" to his father it is because		
a.	He was trained to say "sir"	23.3%	25.6%
b.	One should be polite to elders	21.9%	25.6%
c.	He wants to impress other people	5.5%	2.3%
d.	He respects his father	49.3%	46.5%
13.	I pick up my things		
a.	Without being reminded	47.9%	34.9%
b.	After being reminded	23.3%	33.7%
c.	Unless someone else used them	6.8%	7.0%
d.	If mother makes me	21.9%	24.4%

		Group I	Group IV
14.	I help with chores at home		
a.	Only when I'm asked	20.5%	11.6%
b.	Because I have to	13.7%	24.4%
c.	Because I should	53.4%	48.8%
d.	When I think about it	12.3%	15.1%
15.	If a window was broken accidentally I would probably		
a.	Run	26.6%	23.3%
b.	Tell the owner	45.2%	26.5%
c.	Tell my parents so they could tell the owner	23.3%	22.1%
d.	Tell my best friend	5.5%	8.1%
16.	I usually tell the truth		
a.	All the time	27.4%	34.9%
b.	Only if it doesn't hurt me	15.1%	17.4%
c.	Only if it doesn't hurt someone else	32.9%	26.7%
d.	If I am caught	24.7%	20.9%
17.	If I tore a page in a library book I would		
a.	Mend it and return it	31.5%	25.6%
b.	Tell the librarian so she could mend it	45.2%	47.7%
c.	Return it and say nothing	31.5%	25.6%
d.	Blame it on somebody else	2.7%	9.3%
18.	Usually I		
a.	Will copy if the teacher isn't there	4.1%	7.0%
b.	Will copy if my friends let me	9.6%	9.3%
c.	Will not copy very often	28.8%	46.5%
d.	Will not copy	57.5%	37.2%
19.	When I know someone who has no friends		
a.	I don't play with him because I have my own friends	16.4%	14.0%
b.	I don't play with him if my friends don't like him	9.6%	9.3%
c.	I invite him to play with us	49.3%	44.2%
d.	I ask him if I can play with him	24.7%	32.6%
20.	I usually		
a.	Want everyone to like me	32.9%	34.9%
b.	Want to like everyone	21.9%	25.6%
c.	Like only those who like me	23.3%	14.0%
d.	Don't care who likes me	21.9%	25.6%

		Group I	Group IV
21.	I usually like to play		
a.	With lots of children	37.0%	32.6%
b.	With a few close friends	39.7%	38.4%
c.	With one special friend	17.8%	26.7%
d.	By myself	5.5%	2.3%
22.	If someone feels sad		
a.	Most kids try to help	35.6%	36.0%
b.	Most kids mind their own business	27.4%	20.9%
c.	Most kids would ask him why	32.9%	41.9%
d.	Most kids feel sad to	4.1%	1.2%
23.	If someone I know gets into trouble I		
a.	Offer to help	47.9%	46.5%
b.	Pretend I don't know him	2.7%	8.1%
c.	Like him anyway	37.0%	27.9%
d.	Let him alone	12.3%	17.4%
24.	Most kids I known		
a.	Think only of themselves	19.2%	15.1%
b.	Are sometimes nice to others	26.0%	31.4%
c.	Are often mean to others	15.1%	24.4%
d.	Are considerate to others	39.7%	29.1%
25.	I start projects at home that		
a.	I can't always finish	28.8%	30.2%
b.	I need help to finish	15.1%	15.1%
c.	I can usually finish	47.9%	51.2%
d.	Are too hard for me even with help	8.2%	3.5%
26.	I usually write		
a.	Quickly and neatly	43.8%	29.1%
b.	Quickly but it's hard to read	19.2%	26.7%
c.	Slowly but neatly	30.1%	36.0%
d.	Slowly but it's hard to read	6.8%	8.1%
27.	In reading Social Studies I usually read		
a.	Fast and understand the story	42.5%	27.9%
b.	Fast but don't know all the answers	23.3%	22.1%
c.	Slowly but can answer most of the questions	21.9%	34.9%
d.	Slowly and need help to answer the questions	12.3%	15.1%

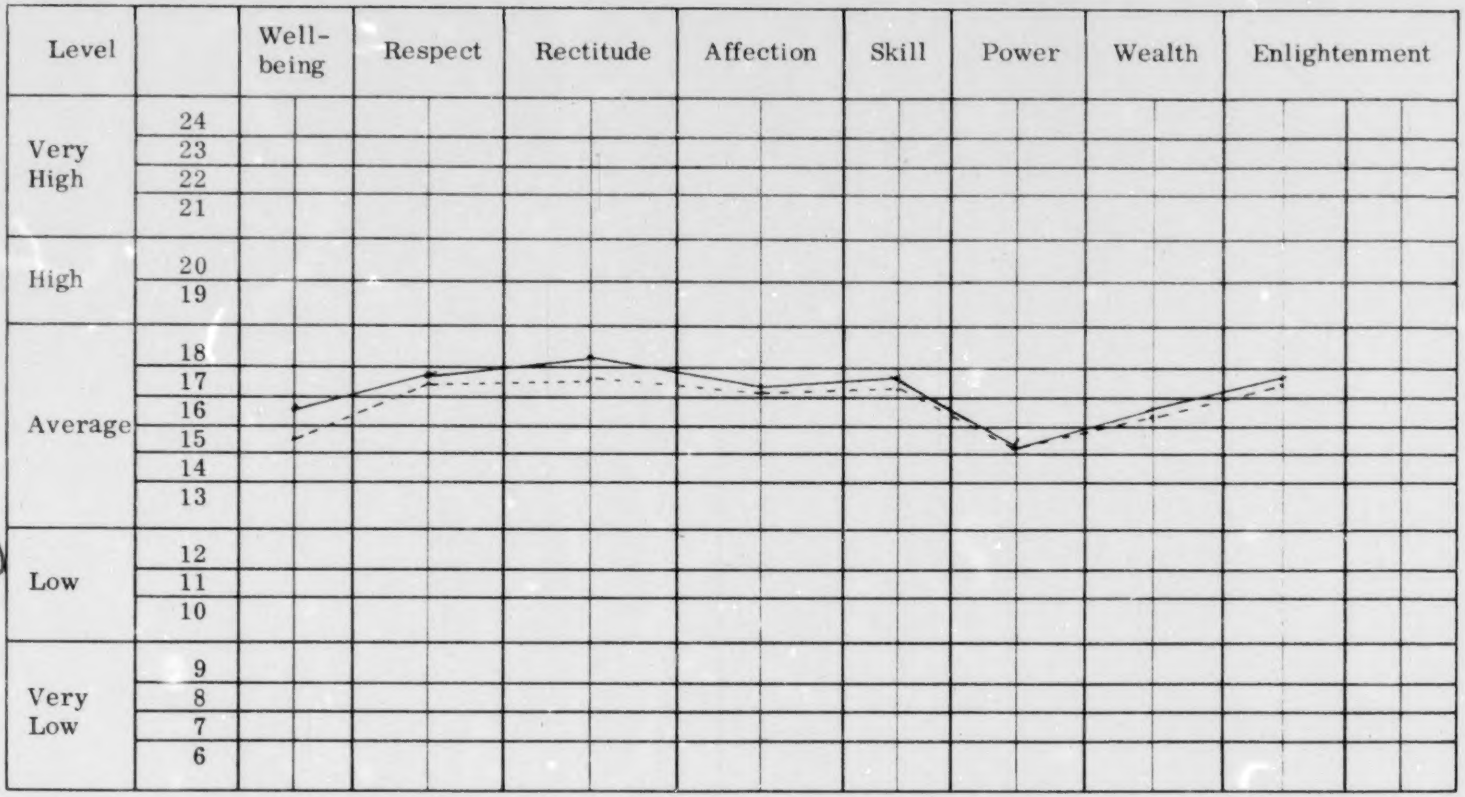
		Group I	Group IV
28.	When I read out loud to the class		
a.	I am one of the best readers	6.8%	10.5%
b.	I read better than most kids	15.1%	11.6%
c.	I read as well as most kids	49.3%	54.7%
d.	Most kids read better than I	28.8%	23.3%
29.	For me most new games are		
a.	Easy to learn quickly	67.1%	61.6%
b.	Learned well only after much practice	11.0%	22.1%
c.	Learned quickly but usually not very well	13.7%	9.3%
d.	Difficult even if I try hard	8.2%	7.0%
30.	In arithmetic I am		
a.	Fast but I make many errors	11.0%	12.8%
b.	Fast and don't miss many	45.2%	32.6%
c.	Slow but get most right	34.2%	44.2%
d.	Slow and miss a lot	9.6%	10.5%
31.	If I have a good idea I		
a.	Make other kids see it my way	17.8%	14.0%
b.	Tell everyone	41.1%	45.3%
c.	Tell someone to tell others	20.5%	8.1%
d.	Don't say anything	20.5%	32.6%
32.	If I think my suggestion is better than another I		
a.	Say so to everyone	26.0%	18.6%
b.	Convince others why I am right	27.4%	29.1%
c.	Say nothing	19.2%	19.8%
d.	Tell my friend	27.4%	32.6%
33.	When I get to make a decision I		
a.	Have to think about it	58.9%	54.7%
b.	Do it without thinking much about it	15.1%	12.8%
c.	Ask others about it	16.4%	20.9%
d.	Get others to help me	9.6%	11.6%
34.	When I need to get someone to help me with a job		
a.	I can get help easily	50.7%	41.9%
b.	It is easier to do it myself	17.8%	25.6%
c.	I often cannot get anyone to help	16.4%	15.1%
d.	I cannot get help as easily as others can	15.1%	17.4%

		Group I	Group IV
35.	In my class		
a.	I'd like to be president	16.4%	26.7%
b.	I would like to be a monitor	6.8%	5.8%
c.	I don't want any job	15.1%	10.5%
d.	I will help when asked	61.6%	57.0%
36.	When it's time to elect class officers I		
a.	Often make nominations	49.3%	40.7%
b.	Can't decide who would be best	27.4%	29.1%
c.	Usually don't take part	16.4%	22.1%
d.	Get someone to nominate me	6.8%	8.1%
37.	My allowance		
a.	Is about like the other kids	50.7%	31.4%
b.	Is not as much as other kids	20.5%	31.4%
c.	Is more than other kids	12.3%	17.4%
d.	Gets me most of the things I want	16.4%	19.8%
38.	Every child should		
a.	Get an allowance	19.2%	22.1%
b.	Earn his allowance	38.4%	44.2%
c.	Help whether or not he gets an allowance	37.0%	30.2%
d.	Not get an allowance	5.5%	3.5%
39.	Things I want I		
a.	Work and save for	63.0%	62.8%
b.	Ask my parents for	16.4%	19.8%
c.	Usually do not get	12.3%	14.0%
d.	Get if I wait till Christmas	8.2%	3.5%
40.	When I get to buy something I usually		
a.	Spend more than I should	34.2%	29.1%
b.	Keep within my allowance	38.4%	30.2%
c.	Ask my parents how much to spend	26.0%	30.2%
d.	Never buy the best I can afford	1.4%	10.5%
41.	If I need extra money to buy a toy I		
a.	Usually hunt for a job to do	31.5%	37.2%
b.	Ask my parents for it	34.2%	31.4%
c.	Try to sell an old toy	5.5%	3.5%
d.	Try to borrow on next week's allowance	28.8%	27.9%

	Group I	Group IV
42. I work for my allowance		
a. More than most kids	27.4%	34.9%
b. Less than most kids	17.8%	9.3%
c. About as much as everyone else	45.2%	43.0%
d. If I have to	9.6%	12.8%
43. The things I learn in school		
a. Will be good for me when I grow up	57.5%	68.6%
b. Help me to get good grades	9.6%	10.5%
c. Are useful sometimes	24.7%	17.4%
d. Help me at home	8.2%	3.5%
44. When I grow up		
a. I know what I want to be	39.7%	40.7%
b. I don't know what I want to be	17.8%	17.4%
c. There are many things I might like to be	30.1%	25.6%
d. I'll think about it later	12.3%	16.3%
45. I will go to college if		
a. My parents expect me to	17.8%	23.3%
b. I want to	45.2%	31.4%
c. My grades are good enough	20.5%	10.5%
d. What I want to be requires it	16.4%	34.9%
46. Learning times tables		
a. helps me with division	39.7%	41.9%
b. Is not really necessary	6.8%	4.7%
c. Is required by my teacher	5.5%	15.1%
d. Is worth the effort	47.9%	38.4%
47. School is important		
a. If you plan to go to college	17.8%	19.8%
b. If you plan to get a job	43.8%	44.2%
c. For some people	5.5%	10.5%
d. For everyone	32.9%	25.6%
48. Most children can learn things		
a. If they study hard	32.9%	45.3%
b. If they want to	52.1%	32.9%
c. If the teacher helps them	5.5%	8.1%
d. By just being in class	9.6%	7.0%

VIBR
VALUE PROFILE

Student Name ____________



KEY:------------ Post Test:__________ Pretest

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SUMMARY OF SURVEY RESULTS FROM GROUP I

DRUG ATTITUDINAL INVENTORY

Junior High and High School Form

Dr. C. E. Box
Dr. I. Cockriel

The purpose of this survey is to determine the attitudes and knowledge of students concerning drugs.

This is a completely anonymous survey. Do not sign your name on the answer sheets.

This is not a test. Answer each question with the first response that comes to your mind. Please answer the questions as honestly and as sincerely as possible.

The term DRUG in the survey will include all stimulants, depressants, narcotics, hallucinogens, and alcohol or any other drugs except tobacco products not prescribed by a physician or taken as directed for medical purposes. The term ADDICT refers to any person physically dependent on heroin, morphine, opium or barbiturates.

STUDENT DRUG INVENTORY

Please respond to all items on the answer sheet provided. Mark the appropriate box with a number 2 pencil.

Indicate your birthdate by completing the area on the answer sheet with the heading "Birthdate" (upper right hand corner).

Indicate your year in school in the column to the left of your birthdate.

Indicate your sex in the column to the right of your birthdate.

1. Are you currently enrolled in health class?

A. Yes	79.7%
B. No	20.3%

2. Have you received previous instruction on drugs and drug abuse?

A. Yes	90.3%
B. No	8.9%

3. My parents are

A. living together	85.6%
B. divorced or separated, no father in the home	5.0%
C. divorced or separated, no mother in the home	1.7%
D. widowed	2.8%
E. other	5.0%

4. Do you feel that you are accepted and understood in your family compared to other young people your age?

A. Yes	84.7%
B. No	14.2%

5. Do you feel that you have received adequate drug instruction?

A. Yes	91.1%
B. No	8.3%

Listed below are a number of statements. Place a mark on the answer sheet how much you agree or disagree with each statement. Use only one mark for each statement.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
6. Parents should be responsible for drug education.	7.5% A	22.5% B	30.6% C	25.3% D	14.2% E
7. Schools should be responsible for drug education.	31.1% A	40.8% B	19.2% C	4.2% D	4.7% E
8. Community organizations should be responsible for drug education.	8.1% A	25.3% B	35.3% C	19.4% D	11.9% E
9. There is a drug abuse problem in your community.	30.0% A	31.1% B	21.9% C	12.2% D	4.7% E
10. The drug abuse problem in the schools has been exaggerated by the media (e.g. newspaper, radio, T.V., etc.).	10.6% A	18.3% B	30.0% C	24.4% D	16.7% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
11. There is a drug abuse problem in your school.	28.3% A	39.7% B	19.7% C	10.0% D	2.2% E
12. An important reason for drug abuse is that drugs are easy to get.	27.2% A	30.6% B	23.3% C	13.9% D	5.0% E
13. Permissiveness of parents is the single most important factor in drug use by young people.	10.0% A	14.2% B	36.1% C	25.8% D	13.9% E
14. An important factor in drug abuse is the personality of the individual.	25.0% A	39.2% B	24.2% C	6.7% D	5.0% E
15. At moderate amounts, the effects of any drug are determined more by personal and social factors than by the drug itself.	12.2% A	32.2% B	37.8% C	11.9% D	5.8% E
16. Drug abusers have specific personality problems.	10.0% A	25.6% B	28.6% C	21.9% D	13.9% E
17. The drug abuser is a victim of social forces beyond his control.	6.4% A	13.6% B	31.4% C	31.7% D	16.9% E
18. Drug abuse is a problem created by the laws intended to control it.	5.3% A	12.2% B	31.9% C	32.2% D	18.3% E
19. The danger of ADDICTION exists in the person not in the drugs.	10.8% A	20.0% B	30.3% C	21.1% D	17.8% E
20. Young people experiment with drugs because they have not been properly informed or instructed about their use and abuse.	4.2% A	15.0% B	23.1% C	35.3% D	22.5% E
21. If people are properly instructed about drugs, the amount of drug abuse will go down.	5.0% A	21.7% B	32.5% C	27.8% D	13.1% E
22. Young people who may be tempted (and who may have the opportunity) to use drugs have the right to adequate public instruction.	14.2% A	32.5% B	36.4% C	11.9% D	5.0% E
23. There is a typical type of person who abuses drugs.	6.7% A	15.3% B	27.8% C	28.3% D	21.9% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
24. Young people who experiment with drugs do so to prove they are grown up.	8.6% A	21.9% B	28.9% C	25.8% D	14.7% E
25. Young people who experiment with drugs do so from fear of not being accepted.	10.8% A	31.4% B	29.4% C	18.6% D	9.7% E
26. Drug abuse is a major factor in juvenile delinquency.	13.9% A	41.4% B	29.4% C	9.2% D	6.1% E
27. Young people who misuse alcohol and drugs should be judged by society in the same manner adults are judged.	13.9% A	23.3% B	33.6% C	17.5% D	11.7% E
28. Availability of alcohol and its use by society helps create a dependence upon it to meet social demands.	10.3% A	29.4% B	44.7% C	10.8% D	4.7% E
29. Marijuana is ued by some people in the same sense as others would use alcohol.	35.3% A	42.2% B	14.2% C	5.6% D	2.8% E
30. Marijuana stimulates creativity.	7.2% A	21.4% B	46.7% C	14.2% D	10.6% E
31. Marijuana stimulates the sex drive.	8.3% A	21.1% B	47.8% C	14.2% D	8.6% E
32. Marijuana users are easily recognized.	3.3% A	16.1% B	30.6% C	29.7% D	20.3% E
33. Moderate use of marijuana is not harmful.	14.7% A	20.3% B	39.7% C	16.4% D	8.9% E
34. Most people use LSD to get a greater insight into their personality.	2.8% A	14.2% B	52.5% C	17.8% D	12.8% E
35. The effects of LSD vary widely among individuals.	12.8% A	41.4% B	32.8% C	9.4% D	3.6% E
36. Marijuana usage is harmful to health.	11.9% A	19.2% B	41.1% C	15.8% D	11.9% E
37. The use of marijuana should be legalized.	20.0% A	12.8% B	28.1% C	13.1% D	26.1% E
38. Marijuana is frequently a "stepping stone" to experimentation with other drugs.	18.6% A	40.6% B	22.8% C	10.3% D	7.8% E

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
39.	Moderate use of stimulant drugs to stay awake is not harmful to health.	6.7% A	16.9% B	40.0% C	28.1% D	8.3% E
40.	Most people who use LSD use it in the same sense as others who use marijuana.	7.5% A	28.3% B	39.2% C	17.2% D	7.8% E
41.	If a drug does not cause physical need (ADDICTION), its use should be legal.	9.4% A	15.6% B	28.9% C	26.1% D	20.0% E
42.	Free drugs for ADDICTS would slow down the crime rate.	6.9% A	22.8% B	31.4% C	18.1% D	20.8% E
43.	The use of LSD could be helpful to most persons.	3.1% A	10.6% B	29.7% C	27.8% D	28.9% E
44.	The use of amphetamines (stimulants) and barbiturates (depressants) are not as harmful as many common health hazards such as smoking.	3.3% A	9.2% B	39.4% C	28.6% D	19.4% E
45.	Being ADDICTED to drugs should be against the law.	11.7% A	18.3% B	37.5% C	19.7% D	12.8% E
46.	It is more likely that the average person will have a good LSD "trip" than a poor "trip."	8.6% A	18.3% B	48.1% C	15.0% D	10.0% E
47.	Moderate use of marijuana is not harmful to your body or to the way you think.	10.0% A	20.3% B	38.9% C	20.6% D	10.3% E
48.	There is an increasing need for laws to control drugs that are abused.	21.4% A	31.1% B	31.1% C	7.5% D	8.9% E
49.	Most people who use marijuana use it for the same reasons others use alcohol.	26.1% A	42.8% B	20.3% C	7.8% D	3.1% E
50.	There should be laws controlling the sale of LSD.	27.8% A	28.3% B	29.2% C	7.8% D	6.9% E
51.	Those who regularly use marijuana experience emotional problems.	6.4% A	23.3% B	42.5% C	16.1% D	11.7% E
52.	Marijuana, or the reaction to it by our society, can result in serious problems for the user.	13.3% A	35.3% B	35.3% C	8.6% D	7.5% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
53. Methaphetamine or "speed" has become a popular alternative to LSD use.	6.7% A	27.2% B	54.7% C	6.9% D	4.4% E
54. Drug ADDICTS frequently commit violent crimes.	13.6% A	38.3% B	33.1% C	10.0% D	5.0% E
55. Drug ADDICTS are more apt to commit sex crimes.	5.8% A	23.6% B	41.7% C	20.6% D	8.3% E
56. Students begin abusing drugs because of pushers.	9.2% A	25.3% B	35.6% C	19.4% D	10.6% E
57. Once you take a shot of Heroin, you will be immediately ADDICTED.	2.5% A	6.7% B	23.6% C	32.2% D	35.0% E
58. Those who regularly use marijuana experience increasing physical problems.	6.4% A	17.5% B	43.6% C	18.6% D	13.9% E
59. Once an ADDICT, always an ADDICT.	5.6% A	8.1% B	17.2% C	27.8% D	41.4% E
60. Narcotic ADDICTION is a problem because it creates a population of criminals.	10.3% A	25.3% B	37.2% C	18.6% D	8.6% E
61. Drug abusers have sex more often and with a greater number of different people than non-users.	6.4% A	21.9% B	45.0% C	18.1% D	8.6% E
62. Laws affecting marijuana control are too strict.	15.6% A	15.3% B	23.9% C	24.4% D	20.8% E
63. Most drug abusers come from deprived, poor city neighborhoods.	3.1% A	13.1% B	23.6% C	30.3% D	30.0% E
64. People become ADDICTS because nobody stops them from becoming ADDICTS.	8.6% A	17.8% B	36.7% C	24.4% D	12.5% E
65. I feel that warnings about marijuana affecting health apply to me.	9.7% A	19.4% B	36.4% C	16.1% D	18.3% E
66. The use of non-narcotic drugs is a problem because it creates a population of criminals.	5.0% A	11.7% B	48.6% C	20.8% D	13.9% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
67. I feel that warnings about drugs other than marijuana apply to me.	10.6% A	22.2% B	31.1% C	19.4% D	16.7% E
68. Teachers are the appropriate personnel for instructing about drugs.	10.8% A	31.4% B	35.6% C	13.9% D	8.3% E
69. A person is born an alcoholic.	3.6% A	4.4% B	16.4% C	23.6% D	51.9% E
70. There will always be some people who abuse drugs regardless of education, laws, or treatment programs.	36.4% A	38.6% B	18.1% C	3.3% D	3.6% E
71. If the law says drug use is illegal then all people should live by those laws.	21.4% A	29.2% B	25.3% C	16.1% D	8.1% E
72. Brain damage results from alcohol use.	25.0% A	36.7% B	26.9% C	6.7% D	4.7% E
73. Cigarettes cause cancer.	32.5% A	38.1% B	20.6% C	5.6% D	3.3% E
74. Alcoholism is a sickness.	30.6% A	41.9% B	18.6% C	4.2% D	4.7% E
75. Drug abuse cannot be solved by passing laws.	22.5% A	35.6% B	25.0% C	9.7% D	7.2% E
76. The only way to solve drug abuse is to get rid of the drugs.	18.9% A	25.8% B	27.8% C	19.7% D	7.8% E
77. There should be stricter laws controlling the use of alcohol.	13.9% A	22.8% B	31.4% C	21.7% D	10.3% E
78. Drug use is an individual choice and should be free from legal control.	9.7% A	13.1% B	30.0% C	25.6% D	21.7% E
79. The use of alcohol should be illegal.	10.8% A	10.8% B	33.1% C	28.6% D	16.7% E
80. I feel that warnings about cigarettes and health apply to me.	17.2% A	29.4% B	23.9% C	15.3% D	14.2% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
81. Alcoholism is curable.	30.0% A	42.8% B	18.9% C	6.1% D	2.2% E
82. Smoking cigarettes should be illegal.	7.8% A	13.1% B	29.2% C	28.9% D	21.1% E
83. There should be no laws regulating drug use.	6.7% A	9.2% B	23.3% C	30.6% D	30.3% E
84. There is no such thing as a harmless drug.	13.6% A	18.3% B	32.5% C	20.8% D	14.7% E
85. An alcoholic is a sick person and should be treated in a hospital.	18.3% A	30.6% B	31.7% C	16.4% D	3.1% E
86. Smoking is dangerous to your health.	31.1% A	39.7% B	21.4% C	4.2% D	3.6% E
87. Proper instruction regarding alcohol will result in decreased use.	7.5% A	21.9% B	41.1% C	21.7% D	7.8% E

Please rate the degree to which you believe the use of Amphetamines (stimulants) will probably lead to.

	Very High	High	Modest	Slight	Negligibl or No
88. Addiction	16.7% A	33.9% B	32.5% C	13.1% D	3.9% E
89. Accidents	18.3% A	33.6% B	33.3% C	10.0% D	4.7% E
90. Embarrassment to self or others	11.9% A	29.2% B	33.3% C	17.2% D	8.3% E
91. Legal involvement: arrest	20.6% A	38.1% B	27.2% C	9.2% D	5.0% E
92. Future career affected negatively	18.1% A	28.3% B	29.7% C	14.7% D	9.2% E
93. Continued use	23.6% A	36.9% B	26.1% C	8.3% D	5.0% E
94. Undesirable change in behavior	17.5% A	36.7% B	29.4% C	10.3% D	6.1% E
95. Undesirable change in personal values	18.6% A	35.3% B	27.5% C	10.8% D	7.8% E

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Please rate the degree to which you believe the use of barbiturates (depressants) will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
	24.4%	34.4%	27.5%	8.3%	5.3%
6. Addiction	A	B	C	D	E
	18.1%	40.6%	27.5%	10.0%	3.9%
7. Accidents	A	B	C	D	E
	13.3%	26.1%	40.3%	15.3%	5.0%
8. Embarrassment to self or others	A	B	C	D	E
	17.8%	35.6%	31.9%	10.0%	4.7%
9. Legal involvement: arrest	A	B	C	D	E
	18.1%	32.2%	30.3%	13.9%	5.6%
0. Future career affected negatively	A	B	C	D	E
	20.3%	34.4%	30.6%	8.9%	5.8%
1. Continued use	A	B	C	D	E
	16.4%	36.1%	29.2%	11.4%	6.9%
2. Undesirable change in behavior	A	B	C	D	E
	15.3%	36.1%	29.2%	11.4%	8.1%
3. Undesirable change in personal values	A	B	C	D	E
	31.9%	33.1%	20.0%	5.8%	9.2%

Please rate the degree to which you believe the use of LSD will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
	31.9%	33.1%	20.0%	5.8%	9.2%
04. Addiction	A	B	C	D	E
	28.3%	38.9%	22.8%	5.6%	4.4%
05. Accidents	A	B	C	D	E
	19.4%	32.5%	30.0%	11.7%	6.4%
06. Embarrassment to self or others	A	B	C	D	E
	28.9%	35.3%	20.3%	8.3%	7.2%
07. Legal involvement: arrest	A	B	C	D	E
	27.5%	32.8%	26.4%	8.1%	5.3%
08. Future career affected negatively	A	B	C	D	E
	26.4%	34.7%	24.7%	7.5%	6.7%
09. Continued use	A	B	C	D	E
	23.1%	33.1%	27.8%	8.3%	7.8%
10. Undesirable change in behavior	A	B	C	D	E
	26.1%	31.9%	26.7%	8.6%	6.7%
1. Undesirable change in personal values	A	B	C	D	E

Please rate the degree to which you believe the use of Heroin will probably lead to.

	Very High	High	Modest	Slight	Negligibl or No
112. Addiction	51.9% A	24.4% B	14.2% C	4.2% D	5.3% E
113. Accidents	37.5% A	34.7% B	17.5% C	5.6% D	4.7% E
114. Embarrassment to self or others	31.4% A	28.6% B	26.9% C	7.8% D	5.3% E
115. Legal involvement: arrest	41.9% A	30.0% B	18.9% C	5.3% D	3.9% E
116. Future career affected negatively	36.7% A	31.1% B	18.9% C	7.2% D	6.1% E
117. Continued use	40.3% A	30.0% B	18.9% C	5.8% D	5.0% E
118. Undesirable change in behavior	31.4% A	34.7% B	19.7% C	9.4% D	4.7% E
119. Undesirable change in personal values	33.3% A	32.8% B	19.7% C	7.5% D	6.7% E

Please rate the degree to which you believe the use of Marijuana will probably lead to.

	Very High	High	Modest	Slight	Negligibl or No
120. Addiction	13.9% A	16.9% B	27.5% C	20.6% D	21.1% E
121. Accidents	10.6% A	23.6% B	28.3% C	23.3% D	14.2% E
122. Embarrassment to self or others	9.4% A	20.8% B	30.0% C	22.2% D	17.5% E
123. Legal involvement: arrest	14.4% A	27.8% B	30.3% C	16.1% D	11.4% E
124. Future career affected negatively	13.6% A	18.6% B	30.8% C	20.8% D	16.1% E
125. Continued use	16.7% A	28.1% B	29.4% C	15.3% D	10.6% E
126. Undesirable change in behavior	10.6% A	21.4% B	29.7% C	20.0% D	18.3% E
127. Undesirable change in personal values	11.9% A	21.1% B	30.8% C	17.2% D	18.9% E

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Please rate the degree to which you believe the use of Alcohol will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
128. Addiction	23.6% A	30.0% B	27.5% C	13.6% D	5.3% E
129. Accidents	34.4% A	37.8% B	18.1% C	6.4% D	3.3% E
130. Embarrassment to self or others	23.6% A	33.3% B	27.2% C	11.9% D	3.9% E
131. Legal involvement: arrest	21.9% A	24.2% B	34.4% C	13.9% D	5.6% E
132. Future career affected negatively	20.0% A	27.5% B	31.7% C	14.4% D	6.4% E
133. Continued use	25.3% A	34.2% B	23.3% C	10.6% D	6.7% E
134. Undesirable change in behavior	20.3% A	30.0% B	30.6% C	11.9% D	7.2% E
135. Undesirable change in personal values	20.8% A	27.8% B	31.9% C	12.5% D	6.9% E

In your opinion what is the relative importance of each of the following possible causes of drug abuse.

	Low				High
136. Academic pressure felt by student	20.6% A	16.9% B	32.2% C	12.8% D	17.5% E
137. Curiosity, adventure	15.3% A	10.8% B	25.6% C	22.2% D	26.1% E
138. Rebellion against authority	14.7% A	12.5% B	30.3% C	20.3% D	22.2% E
139. Social pressure	14.2% A	12.2% B	28.6% C	23.1% D	21.9% E
140. Generation gap	18.9% A	15.6% B	32.8% C	16.4% D	16.4% E
141. Search for values	18.9% A	14.4% B	33.9% C	16.1% D	16.7% E
142. Desire to be "cool" or "in" or "hip"	19.4% A	11.7% B	20.8% C	14.2% D	33.9% E

SUMMARY OF SURVEY RESULTS FROM GROUP II

DRUG ATTITUDINAL INVENTORY

Junior High and High School Form

Dr. C. E. Box
Dr. I. Cockriel

The purpose of this survey is to determine the attitudes and knowledge of students concerning drugs.

This is a completely anonymous survey. Do not sign your name on the answer sheets.

This is not a test. Answer each question with the first response that comes to your mind. Please answer the questions as honestly and as sincerely as possible.

The term DRUG in the survey will include all stimulants, depressants, narcotics, hallucinogens, and alcohol or any other drugs except tobacco products not prescribed by a physician or taken as directed for medical purposes. The term ADDICT refers to any person physically dependent on heroin, morphine, opium or barbiturates.

STUDENT DRUG INVENTORY

Please respond to all items on the answer sheet provided. Mark the appropriate box with a number 2 pencil.

Indicate your birthdate by completing the area on the answer sheet with the heading "Birthdate" (upper right hand corner).

Indicate your year in school in the column to the left of your birthdate.

Indicate your sex in the column to the right of your birthdate.

1. Are you currently enrolled in health class?
   A. Yes 13.0%
   B. No 86.6%

2. Have you received previous instruction on drugs and drug abuse?
   A. Yes 76.8%
   B. No 23.2%

3. My parents are:
   A. living together 81.9%
   B. divorced or separated, no father in the home 7.5%
   C. divorced or separated, no mother in the home 1.2%
   D. widowed 2.0%
   E. other 7.5%

4. Do you feel that you are accepted and understood in your family compared to other young people your age?
   A. Yes 76.0%
   B. No 22.8%

5. Do you feel that you have received adequate drug instruction?
   A. Yes 66.1%
   B. No 31.9%

Listed below are a number of statements. Place a mark on the answer sheet how much you agree or disagree with each statement. Use only one mark for each statement.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
6. Parents should be responsible for drug education.	10.2% A	26.4% B	33.1% C	21.3% D	9.1% E
7. Schools should be responsible for drug education.	19.7% A	45.3% B	22.0% C	6.7% D	6.3% E
8. Community organizations should be responsible for drug education.	11.0% A	28.0% B	35.4% C	16.9% D	8.7% E
9. There is a drug abuse problem in your community.	27.2% A	34.3% B	26.4% C	8.3% D	3.9% E
10. The drug abuse problem in the schools has been exaggerated by the media (e.g. newspaper, radio, T.V., etc.)	13.8% A	25.6% B	30,7% C	23.6% D	6.3% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
11. There is a drug abuse problem in your school.	23.2% A	35.8% B	30.3% C	9.1% D	1.6% E
12. An important reason for drug abuse is that drugs are easy to get.	20.1% A	29.1% B	24.0% C	20.5% D	6.3% E
13. Permissiveness of parents is the single most important factor in drug use by young people.	13.8% A	15.4% B	33.9% C	19.3% D	17.7% E
14. An important factor in drug abuse is the personality of the individual.	31.9% A	34.3% B	22.0% C	7.9% D	3.9% E
15. At moderate amounts, the effects of any drug are determined more by personal and social factors than by the drug itself.	13.0% A	25.6% B	40.9% C	15.4% D	5.1% E
16. Drug abusers have specific personality problems.	19.7% A	20.5% B	31.9% C	16.1% D	11.8% E
17. The drug abuser is a victim of social forces beyond his control.	11.0% A	14.2% B	37.4% C	22.8% D	14.6% E
18. Drug abuse is a problem created by the laws intended to control it.	11.4% A	14.2% B	34.3% C	25.6% D	14.6% E
19. The danger of ADDICTION exists in the person, not in the drugs.	15.7% A	18.5% B	26.4% C	25.6% D	13.8% E
20. Young people experiment with drugs because they have not been properly informed or instructed about their use and abuse.	13.8% A	20.5% B	19.7% C	29.1% D	16.9% E
21. If people are properly instructed about drugs, the amount of drug abuse will go down.	9.8% A	21.3% B	35.0% C	22.0% D	11.8% E
22. Young people who may be tempted (and who may have the opportunity) to use drugs have the right to adequate public instruction.	15.4% A	28.7% B	38.6% C	11.0% D	6.3% E
3. There is a typical type of person who abuses drugs.	10.6% A	21.3% B	22.0% C	24.4% D	21.7% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
24. Young people who experiment with drugs do so to prove they are grown up.	p3.0% A	25.6% B	26.8% C	22.0% D	12.6% E
25. Young people who experiment with drugs do so from fear of not being accepted.	15.4% A	33.1% B	32.7% C	13.0% D	5.9% E
26. Drug abuse is a major factor in juvenile delinquency.	22.0% A	33.5% B	28.3% C	11.4% D	4.7% E
27. Young people who misuse alcohol and drugs should be judged by society in the same manner adults are judged.	15.7% A	23.2% B	31.9% C	19.3% D	9.8% E
28. Availability of alcohol and its use by society helps create a dependence upon it to meet social demands.	10.2% A	30.7% B	42.1% C	13.4% D	3.5% E
29. Marijuana is ued by some people in the same sense as others would use alcohol.	28.3% A	40.6% B	20.5% C	6.3% D	4.3% E
30. Marijuana stimulates creativity.	11.0% A	17.7% B	45.7% C	14.6% D	11.0% E
31. Marijuana stimulates the sex drive.	13.0% A	21.7% B	44.9% C	10.2% D	10.2% E
32. Marijuana users are easily recognized.	11.4% A	13.4% B	36.6% C	23.2% D	15.4% E
33. Moderate use of marijuana is not harmful.	12.6% A	16.5% B	44.5% C	13.4% D	13.0% E
34. Most people use LSD to get a greater insight into their personality.	6.7% A	18.5% B	48.8% C	16.1% D	9.8% E
35. The effects of LSD vary widely among individuals.	19.3% A	33.9% B	31.1% C	10.6% D	5.1% E
36. Marijuana usage is harmful to health.	20.1% A	18.1% B	38.2% C	13.4% D	10.2% E
37. The use of marijuana should be legalized.	16.9% A	15.7% B	25.6% C	12.6% D	29.1% E
38. Marijuana is frequently a "stepping stone" to experimentation with other drugs.	20.9% A	30.3% B	29.5% C	7.5% D	11.8% E

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	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
39. Moderate use of stimulant drugs to stay awake is not harmful to health.	8.3% A	20.1% B	34.6% C	24.8% D	12.2% E
40. Most people who use LSD use it in the same sense as others who use marijuana.	9.8% A	24.4% B	40.9% C	16.5% D	8.3% E
1. If a drug does not cause physical need (ADDICTION), its use should be legal.	11.4% A	15.7% B	31.9% C	20.5% D	20.5% E
2. Free drugs for ADDICTS would slow down the crime rate.	10.6% A	17.3% B	28.3% C	18.9% D	24.8% E
3. The use of LSD could be helpful to most persons.	7.9% A	11.4% B	29.9% C	24.4% D	26.4% E
4. The use of amphetamines (stimulants) and barbiturates (depressants) are not as harmful as many common health hazards such as smoking.	7.5% A	12.2% B	40.2% C	22.8% D	17.3% E
5. Being ADDICTED to drugs should be against the law.	16.9% A	13.0% B	37.4% C	21.3% D	11.4% E
. It is more likely that the average person will have a good LSD "trip" than a poor "trip."	10.6% A	22.4% B	48.4% C	12.6% D	5.9% E
. Moderate use of marijuana is not harmful to your body or to the way you think.	11.0% A	18.5% B	39.0% C	17.7% D	13.8% E
. There is an increasing need for laws to control drugs that are abused.	25.2% A	25.6% B	28.7% C	15.0% D	5.5% E
. Most people who use marijuana use it for the same reasons others use alcohol.	25.6% A	33.9% B	22.8% C	11.4% D	6.3% E
. There should be laws controlling the sale of LSD.	35.4% A	26.0% B	26.0% C	7.9% D	4.7% E
. Those who regularly use marijuana experience emotional problems.	17.3% A	23.2% B	37.8% C	11.0% D	10.6% E
Marijuana, or the reaction to it by our society, can result in serious problems for the user.	19.7% A	31.5% B	35.4% C	7.5% D	5.9% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
53. Methaphetamine or "speed" has become a popular alternative to LSD use.	15.7% A	31.5% B	45.3% C	3.9% D	3.5% E
54. Drug ADDICTS frequently commit violent crimes.	19.7% A	27.2% B	36.2% C	11.4% D	5.5% E
55. Drug ADDICTS are more apt to commit sex crimes.	13.4% A	20.5% B	48.4% C	9.4% D	8.3% E
56. Students begin abusing drugs because of pushers.	13.8% A	25.6% B	33.5% C	18.1% D	9.1% E
57. Once you take a shot of Heroin, you will be immediately ADDICTED.	5.5% A	8.3% B	34.6% C	26.4% D	25.2% E
58. Those who regularly use marijuana experience increasing physical problems.	9.8% A	20.1% B	46.5% C	12.6% D	11.0% E
59. Once an ADDICT, always an ADDICT.	8.3% A	8.3% B	24.8% C	27.2% D	31.5% E
60. Narcotic ADDICTION is a problem because it creates a population of criminals.	12.6% A	24.8% B	42.1% C	15.4% D	5.1% E
61. Drug abusers have sex more often and with a greater number of different people than non-users.	12.2% A	19.3% B	50.8% C	11.0% D	6.7% E
62. Laws affecting marijuana control are too strict.	16.1% A	12.2% B	32.7% C	21.7% D	17.3% E
63. Most drug abusers come from deprived, poor city neighborhoods.	9.4% A	11.8% B	26.8% C	29.5% D	22.4% E
64. People become ADDICTS because nobody stops them from becoming ADDICTS.	16.1% A	21.3% B	31.1% C	20.5% D	11.0% E
65. I feel that warnings about marijuana affecting health apply to me.	14.6% A	18.9% B	38.2% C	16.1% D	12.2% E
66. The use of non-narcotic drugs is a problem because it creates a population of criminals.	7.5% A	13.8% B	49.6% C	19.7% D	9.4% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
67. I feel that warnings about drugs other than marijuana apply to me.	12.2% A	22.4% B	33.9% C	16.5% D	15.0% E
68. Teachers are the appropriate personnel for instructing about drugs.	8.7% A	26.4% B	34.6% C	18.5% D	11.8% E
69. A person is born an alcoholic.	5.9% A	7.1% B	21.3% C	22.0% D	43.7% E
70. There will always be some people who abuse drugs regardless of education, laws, or treatment programs.	33.5% A	37.8% B	19.7% C	6.3% D	2.8% E
71. If the law says drug use is illegal then all people should live by those laws.	19.3% A	29.5% B	28.0% C	13.4% D	9.8% E
72. Brain damage results from alcohol use.	23.6% A	29.9% B	33.1% C	9.1% D	4.3% E
73. Cigarettes cause cancer.	33.5% A	34.6% B	22.4% C	8.3% D	1.2% E
74. Alcoholism is a sickness.	29.9% A	31.9% B	26.4% C	7.5% D	4.3% E
75. Drug abuse cannot be solved by passing laws.	26.8% A	34.3% B	28.7% C	7.9% D	2.4% E
76. The only way to solve drug abuse is to get rid of the drugs.	24.0% A	21.3% B	32.7% C	13.8% D	8.3% E
77. There should be stricter laws controlling the use of alcohol.	16.1% A	24.0% B	33.5% C	18.1% D	8.3% E
78. Drug use is an individual choice and should be free from legal control.	13.8% A	15.7% B	28.7% C	22.4% D	19.3% E
79. The use of alcohol should be illegal.	11.8% A	11.8% B	31.1% C	28.3% D	16.9% E
80. I feel that warnings about cigarettes and health apply to me.	17.3% A	27.6% B	27.2% C	13.8% D	14.2% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
81. Alcoholism is curable.	23.6% A	39.8% B	24.4% C	7.5% D	4.7% E
82. Smoking cigarettes should be illegal.	10.2% A	13.0% B	25.2% C	29.1% D	22.4% E
83. There should be no laws regulating drug use.	6.7% A	9.8% B	26.0% C	25.6% D	31.9% E
84. There is no such thing as a harmless drug.	16.1% A	22.0% B	33.9% C	16.5% D	11.4% E
85. An alcoholic is a sick person and should be treated in a hospital.	15.0% A	24.8% B	36.6% C	16.1% D	7.5% E
86. Smoking is dangerous to your health.	33.5% A	34.6% B	20.9% C	5.5% D	5.5% E
87. Proper instruction regarding alcohol will result in decreased use.	9.8% A	17.7% B	44.9% C	19.7% D	7.9% E

Please rate the degree to which you believe the use of Amphetamines (stimulants) will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
88. Addiction	22.0% A	32.3% B	31.1% C	7.1% D	7.5% E
89. Accidents	26.8% A	29.9% B	30.3% C	7.9% D	5.1% E
90. Embarrassment to self or others	18.5% A	25.6% B	33.9% C	15.0% D	7.1% E
91. Legal involvement: arrest	26.8% A	34.6% B	30.3% C	5.9% D	2.4% E
92. Future career affected negatively	24.4% A	26.4% B	33.5% C	10.2% D	5.5% E
93. Continued use	26.8% A	35.4% B	28.7% C	6.3% D	2.8% E
94. Undesirable change in behavior	18.1% A	21.5% B	34.3% C	11.0% D	5.1% E
95. Undesirable change in personal values	21.3% A	33.1% B	31.1% C	9.1% D	5.5% E

Please rate the degree to which you believe the use of barbiturates (depressants) will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
Addiction	27.2% A	27.6% B	30.3% C	9.4% D	5.5% E
Accidents	28.3% A	31.1% B	24.4% C	11.0% D	5.1% E
Embarrassment to self or others	20.1% A	29.5% B	29.1% C	15.4% D	5.9% E
Legal involvement: arrest	22.8% A	29.1% B	32.3% C	10.6% D	5.1% E
Future career affected negatively	24.0% A	26.8% B	30.3% C	13.4% D	5.5% E
Continued use	27.6% A	28.0% B	28.3% C	10.6% D	5.5% E
Undesirable change in behavior	21.7% A	30.3% B	31.1% C	9.1% D	7.9% E
Undesirable change in personal values	20.9% A	28.3% B	31.1% C	10.6% D	9.1% E

ease rate the degree to which you believe the use of LSD will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
Addiction	37.4% A	31.1% B	19.7% C	5.1% D	6.7% E
Accidents	34.3% A	29.5% B	22.8% C	7.1% D	6.3% E
Embarrassment to self or others	23.6% A	35.4% B	28.3% C	6.3% D	6.3% E
Legal involvement: arrest	36.6% A	27.2% B	23.6% C	6.3% D	6.3% E
Future career affected negatively	35.8% A	23.6% B	22.4% C	10.2% D	7.9% E
Continued use	33.5% A	30.3% B	21.3% C	6.3% D	8.7% E
Undesirable change in behavior	28.0% A	30.3% B	28.3% C	8.3% D	5.1% E
Undesirable change in personal values	31.9% A	29.5% B	25.2% C	7.1% D	6.3% E

Please rate the degree to which you believe the use of Heroin will probably lead to.

		Very High	High	Modest	Slight	Negligibl or No
112.	Addiction	48.4% A	22.8% B	17.3% C	6.3% D	5.1% E
113.	Accidents	38.6% A	32.3% B	19.7% C	3.9% D	5.5% E
114.	Embarrassment to self or others	30.3% A	28.7% B	27.6% C	9.1% D	4.3% E
115.	Legal involvement: arrest	40.9% A	27.2% B	20.1% C	7.9% D	3.9% E
116.	Future career affected negatively	37.8% A	28.3% B	21.3% C	6.7% D	5.9% E
117.	Continued use	40.6% A	28.7% B	18.9% C	5.5% D	6.3% E
118.	Undesirable change in behavior	36.6% A	27.2% B	22.4% C	6.7% D	7.1% E
119.	Undesirable change in personal values	21.9% A	21.9% B	22.0% C	7.9% D	6.3% E

Please rate the degree to which you believe the use of Marijuana will probably lead to.

		Very High	High	Modest	Slight	Negligibl or No
120.	Addiction	20.9% A	17.7% B	26.0% C	19.3% D	16.1% E
121.	Accidents	16.1% A	22.8% B	25.6% C	21.3% D	14.2% E
122.	Embarrassment to self or others	16.5% A	18.9% B	28.3% C	20.5% D	15.7% E
123.	Legal involvement: arrest	20.9% A	22.0% B	35.0% C	13.0% D	9.1% E
124.	Future career affected negatively	15.7% A	20.5% B	31.5% C	15.0% D	17.3% E
125.	Continued use	24.0% A	22.0% B	28.0% C	15.7% D	10.2% E
126.	Undesirable change in behavior	15.7% A	17.7% B	31.1% C	19.3% D	16.1% E
127.	Undesirable change in personal values	16.9% A	16.9% B	34.6% C	16.1% D	15.4% E

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Please rate the degree to which you believe the use of Alcohol will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
128. Addiction	25.2% A	23.6% B	28.7% C	12.2% D	10.2% E
129. Accidents	38.2% A	26.0% B	21.3% C	8.3% D	6.3% E
130. Embarrassment to self or others	29.5% A	29.5% B	24.0% C	10.6% D	6.3% E
131. Legal involvement: arrest	23.2% A	24.8% B	26.4% C	15.0% D	10.6% E
132. Future career affected negatively	24.8% A	25.2% B	27.6% C	14.6% D	7.9% E
133. Continued use	31.1% A	29.9% B	22.4% C	10.2% D	6.3% E
134. Undesirable change in behavior	28.7% A	23.6% B	24.8% C	13.8% D	9.1% E
135. Undesirable change in personal values	27.6% A	21.7% B	25.6% C	16.1% D	9.1% E

In your opinion what is the relative importance of each of the following possible causes of drug abuse.

	Low				High
136. Academic pressure felt by student	21.3% A	16.1% B	33.1% C	11.0% D	18.5% E
137. Curiosity, adventure	13.4% A	13.4% B	29.5% C	16.1% D	27.6% E
138. Rebellion against authority	12.2% A	14.2% B	28.0% C	23.2% D	22.4% E
139. Social pressure	15.0% A	15.0% B	29.9% C	19.3% D	20.9% E
140. Generation gap	15.4% A	17.7% B	29.1% C	15.7% D	22.0% E
141. Search for values	17.3% A	18.9% B	35.4% C	11.8% D	16.5% E
142. Desire to be "cool" or "in" or "hip"	21.7% A	11.8% B	21.3% C	13.8% D	31.5% E

SUMMARY OF SURVEY RESULTS FROM GROUP III

DRUG ATTITUDINAL INVENTORY

Junior High and High School Form

Dr. C. E. Box
Dr. I. Cockriel

The purpose of this survey is to determine the attitudes and knowledge of students concerning drugs.

This is a completely anonymous survey. Do not sign your name on the answer sheets.

This is not a test. Answer each question with the first response that comes to your mind. Please answer the questions as honestly and as sincerely as possible.

The term DRUG in the survey will include all stimulants, depressants, narcotics, hallucinogens, and alcohol or any other drugs except tobacco products not prescribed by a physician or taken as directed for medical purposes. The term ADDICT refers to any person physically dependent on heroin, morphine, opium or barbiturates.

STUDENT DRUG INVENTORY

Please respond to all items on the answer sheet provided. Mark the appropriate box with a number 2 pencil.

Indicate your birthdate by completing the area on the answer sheet with the heading "Birthdate" (upper right hand corner).

Indicate your year in school in the column to the left of your birthdate.

Indicate your sex in the column to the right of your birthdate.

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1. Are you currently enrolled in health class?

A. Yes	40.3%
B. No	59.7%

2. Have you received previous instruction on drugs and drug abuse?

A. Yes	90.0%
B. No	8.9%

3. My parents are:

A. living together	87.9%
B. divorced or separated, no father in the home	4.8%
C. divorced or separated, no mother in the home	0.0%
D. widowed	3.0%
E. other	4.3%

. Do you feel that you are accepted and understood in your family compared to other young people your age?

A. Yes	85.7%
B. No	14.3%

. Do you feel that you have received adequate drug instruction?

A. Yes	81.8%
B. No	18.2%

isted below are a number of statements. Place a mark on the answer sheet how uch you agree or disagree with each statement. Use only one mark for each atement.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Parents should be responsible for drug education.	7.4% A	21.6% B	34.2% C	27.3% D	9.5% E
Schools should be responsible for drug education.	25.1% A	44.6% B	20.3% C	5.6% D	4.3% E
Community organizations should be responsible for drug education.	9.1% A	19.0% B	40.3% C	23.8% D	7.8% E
There is a drug abuse problem in your community.	24.2% A	32.9% B	27.7% C	10.4% D	4.8% E
The drug abuse problem in the schools has been exaggerated by the media (e.g. newspaper, radio, T.V., etc.)	13.9% A	21.6% B	37.2% C	19.5% D	7.8% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagre
11. There is a drug abuse problem in your school.	11.7% A	42.4% B	27.3% C	13.4% D	5.2% E
12. An important reason for drug abuse is that drugs are easy to get.	17.7% A	32.5% B	21.2% C	21.6% D	6.9% E
13. Permissiveness of parents is the single most important factor in drug use by young people.	10.0% A	19.5% B	28.6% C	27.7% D	14.3% E
14. An important factor in drug abuse is the personality of the individual.	27.3% A	41.6% B	18.6% C	8.7% D	3.9% E
15. At moderate amounts, the effects of any drug are determined more by personal and social factors than by the drug itself.	13.9% A	28.1% B	40.3% C	13.4% D	4.3% E
16. Drug abusers have specific personality problems.	14.7% A	22.1% B	32.0% C	21.6% D	9.5% E
17. The drug abuser is a victim of social forces beyond his control.	9.1% A	16.0% B	34.6% C	25.5% D	14.7% E
18. Drug abuse is a problem created by the laws intended to control it.	6.5% A	17.3% B	30.3% C	30.7% D	15.2% E
19. The danger of ADDICTION exists in the person, not in the drugs.	15.2% A	30.3% B	24.7% C	19.0% D	10.8% E
20. Young people experiment with drugs because they have not been properly informed or instructed about their use and abuse.	10.4% A	15.6% B	19.5% C	32.9% D	21.6% E
21. If people are properly instructed about drugs, the amount of drug abuse will go down.	8.7% A	20.3% B	30.3% C	28.1% D	12.6% E
22. Young people who may be tempted (and who may have the opportunity) to use drugs have the right to adequate public instruction.	12.1% A	35.5% B	38.5% C	8.7% D	5.2% E
23. There is a typical type of person who abuses drugs.	7.8% A	16.5% B	26.0% C	22.5% D	27.3% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
24. Young people who experiment with drugs do so to prove they are grown up.	12.6% A	20.8% B	27.3% C	23.8% D	15.6% E
25. Young people who experiment with drugs do so from fear of not being accepted.	13.0% A	29.4% B	28.6% C	20.8% D	8.2% E
26. Drug abuse is a major factor in juvenile delinquency.	14.3% A	35.9% B	32.0% C	10.4% D	7.4% E
27. Young people who misuse alcohol and drugs should be judged by society in the same manner adults are judged.	18.2% A	22.9% B	32.0% C	18.2% D	8.7% E
28. Availability of alcohol and its use by society helps create a dependence upon it to meet social demands.	12.6% A	28.6% B	42.9% C	10.8% D	5.2% E
29. Marijuana is ued by some people in the same sense as others would use alcohol.	34.2% A	46.8% B	13.0% C	4.3% D	1.7% E
30. Marijuana stimulates creativity.	10.0% A	26.0% B	40.7% C	13.9% D	9.5% E
31. Marijuana stimulates the sex drive.	10.4% A	13.4% B	54.1% C	13.4% D	8.7% E
32. Marijuana users are easily recognized.	7.4% A	14.3% B	35.5% C	27.7% D	15.2% E
33. Moderate use of marijuana is not harmful.	17.3% A	22.1% B	35.9% C	16.9% D	7.8% E
34. Most people use LSD to get a greater insight into their personality.	6.9% A	20.3% B	50.2% C	16.9% D	5.6% E
35. The effects of LSD vary widely among individuals.	14.7% A	45.5% B	35.1% C	3.0% D	1.7% E
36. Marijuana usage is harmful to health.	16.0% A	22.9% B	32.9% C	16.9% D	11.3% E
37. The use of marijuana should be legalized.	16.5% A	16.5% B	28.6% C	13.0% D	25.5% E
38. Marijuana is frequently a "stepping stone" to experimentation with other drugs.	21.2% A	39.0% B	22.1% C	7.8% D	10.0% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
39. Moderate use of stimulant drugs to stay awake is not harmful to health.	7.8% A	19.5% B	39.4% C	24.7% D	8.7% E
40. Most people who use LSD use it in the same sense as others who use marijuana.	6.9% A	27.7% B	39.0% C	16.9% D	9.5% E
41. If a drug does not cause physical need (ADDICTION), its use should be legal.	7.8% A	14.7% B	33.8% C	29.0% D	14.7% E
42. Free drugs for ADDICTS would slow down the crime rate.	7.8% A	23.4% B	30.3% C	19.0% D	19.5% E
43. The use of LSD could be helpful to most persons.	6.1% A	10.8% B	27.7% C	28.6% D	26.8% E
44. The use of amphetamines (stimulants) and barbiturates (depressants) are not as harmful as many common health hazards such as smoking.	4.3% A	12.1% B	41.1% C	25.1% D	17.3% E
45. Being ADDICTED to drugs should be against the law.	16.5% A	18.6% B	29.4% C	23.4% D	12.1% E
46. It is more likely that the average person will have a good LSD "trip" than a poor "trip."	5.6% A	12.6% B	57.6% C	16.0% D	8.2% E
47. Moderate use of marijuana is not harmful to your body or to the way you think.	7.4% A	20.3% B	40.3% C	23.8% D	8.2% E
48. There is an increasing need for laws to control drugs that are abused.	20.8% A	29.9% B	32.9% C	11.3% D	5.2% E
49. Most people who use marijuana use it for the same reasons others use alcohol.	20.8% A	45.9% B	26.0% C	4.8% D	2.6% E
50. There should be laws controlling the sale of LSD.	35.1% A	29.4% B	23.4% C	8.2% D	3.9% E
51. Those who regularly use marijuana experience emotional problems.	8.2% A	21.2% B	45.5% C	13.9% D	11.3% E
52. Marijuana, or the reaction to it by our society, can result in serious problems for the user.	15.2% A	35.5% B	31.6% C	11.3% D	6.5% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Methaphetamine or "speed" has become a popular alternative to LSD use.	9.1% A	34.2% B	46.8% C	6.9% D	3.0% E
Drug ADDICTS frequently commit violent crimes.	15.6% A	34.2% B	32.5% C	13.0% D	4.8% E
Drug ADDICTS are more apt to commit sex crimes.	7.4% A	16.0% B	55.4% C	14.7% D	6.5% E
Students begin abusing drugs because of pushers.	11.3% A	27.3% B	32.0% C	20.3% D	9.1% E
Once you take a shot of Heroin, you will be immediately ADDICTED.	4.3% A	5.6% B	33.8% C	29.9% D	26.4% E
Those who regularly use marijuana experience increasing physical problems.	4.8% A	20.3% B	44.6% C	19.5% D	10.8% E
Once an ADDICT, always an ADDICT.	4.3% A	8.2% B	24.7% C	29.0% D	33.8% E
Narcotic ADDICTION is a problem because it creates a population of criminals.	10.8% A	24.2% B	42.9% C	15.2% D	6.9% E
Drug abusers have sex more often and with a greater number of different people than non-users.	6.1% A	19.5% B	48.5% C	15.2% D	10.8% E
Laws affecting marijuana control are too strict.	13.0% A	12.1% B	32.9% C	21.6% D	20.3% E
Most drug abusers come from deprived, poor city neighborhoods.	5.6% A	9.5% B	29.0% C	25.5% D	30.3% E
People become ADDICTS because nobody stops them from becoming ADDICTS.	11.3% A	24.7% B	35.5% C	19.5% D	9.1% E
I feel that warnings about marijuana affecting health apply to me.	11.7% A	22.1% B	37.7% C	15.2% D	13.4% E
The use of non-narcotic drugs is a problem because it creates a population of criminals.	3.9% A	10.4% B	52.4% C	22.9% D	10.4% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
67. I feel that warnings about drugs other than marijuana apply to me.	12.1% A	19.9% B	38.5% C	16.5% D	13.0% E
68. Teachers are the appropriate personnel for instructing about drugs.	7.8% A	35.1% B	33.8% C	15.2% D	8.2% E
69. A person is born an alcoholic.	3.9% A	4.8% B	19.0% C	25.5% D	46.8% E
70. There will always be some people who abuse drugs regardless of education, laws, or treatment programs.	39.8% A	39.0% B	16.0% C	2.2% D	3.0% E
71. If the law says drug use is illegal then all people should live by those laws.	20.8% A	27.7% B	27.3% C	12.1% D	12.1% E
72. Brain damage results from alcohol use.	23.8% A	35.1% B	31.2% C	5.2% D	4.8% E
73. Cigarettes cause cancer.	30.7% A	38.1% B	20.8% C	6.9% D	3.5% E
74. Alcoholism is a sickness.	30.7% A	39.4% B	19.5% C	8.2% D	2.2% E
75. Drug abuse cannot be solved by passing laws.	29.0% A	35.9% B	20.8% C	8.7% D	5.6% E
76. The only way to solve drug abuse is to get rid of the drugs.	20.8% A	24.2% B	28.1% C	20.3% D	6.5% E
77. There should be stricter laws controlling the use of alcohol.	17.7% A	27.7% B	27.7% C	18.6% D	8.2% E
78. Drug use is an individual choice and should be free from legal control.	13.9% A	12.6% B	29.9% C	22.5% D	21.2% E
79. The use of alcohol should be illegal.	10.4% A	10.0% B	31.2% C	26.8% D	21.6% E
80. I feel that warnings about cigarettes and health apply to me.	17.3% A	30.7% B	28.1% C	14.3% D	9.5% E

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	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
81. Alcoholism is curable.	25.1% A	41.1% B	22.5% C	6.5% D	4.8% E
82. Smoking cigarettes should be illegal.	9.1% A	13.4% B	24.2% C	29.4% D	23.8% E
83. There should be no laws regulating drug use.	7.4% A	8.2% B	27.7% C	26.4% D	30.3% E
84. There is no such thing as a harmless drug.	15.6% A	26.8% B	26.8% C	19.9% D	10.8% E
85. An alcoholic is a sick person and should be treated in a hospital.	16.5% A	31.6% B	29.9% C	14.7% D	7.4% E
86. Smoking is dangerous to your health.	32.5% A	42.4% B	17.3% C	5.6% D	2.2% E
87. Proper instruction regarding alcohol will result in decreased use.	5.2% A	21.6% B	51.9% C	17.3% D	3.9% E

Please rate the degree to which you believe the use of Amphetamines (stimulants) will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
8. Addiction	19.0% A	37.7% B	30.3% C	8.7% D	4.3% E
9. Accidents	22.9% A	37.2% B	25.5% C	10.0% D	4.3% E
0. Embarrassment to self or others	13.9% A	26.0% B	38.1% C	13.9% D	8.2% E
1. Legal involvement: arrest	25.1% A	34.2% B	25.1% C	11.3% D	4.3% E
2. Future career affected negatively	19.5% A	32.5% B	29.9% C	12.6% D	5.6% E
3. Continued use	25.1% A	34.2% B	25.5% C	11.7% D	3.5% E
4. Undesirable change in behavior	15.2% A	41.1% B	26.4% C	10.8% D	6.5% E
5. Undesirable change in personal values	17.7% A	43.3% B	23.8% C	10.4% D	4.8% E

Please rate the degree to which you believe the use of barbiturates (depressants) will probably lead to.

		Very High	High	Modest	Slight	Negligible or No
96.	Addiction	24.2% A	35.1% B	27.3% C	9.1% D	4.3% E
97.	Accidents	23.8% A	34.2% B	28.6% C	10.4% D	3.0% E
98.	Embarrassment to self or others	15.2% A	28.6% B	35.1% C	15.2% D	6.1% E
99.	Legal involvement: arrest	20.8% A	31.6% B	32.0% C	11.3% D	4.3% E
100.	Future career affected negatively	16.9% A	35.9% B	29.4% C	11.7% D	6.1% E
101.	Continued use	21.2% A	35.9% B	27.3% C	10.8% D	4.8% E
102.	Undesirable change in behavior	19.0% A	39.4% B	26.4% C	10.0% D	5.2% E
103.	Undesirable change in personal values	19.9% A	32.0% B	21.6% C	11.3% D	5.2% E

Please rate the degree to which you believe the use of LSD will probably lead to.

		Very High	High	Modest	Slight	Negligible or No
104.	Addiction	35.9% A	32.5% B	20.3% C	5.6% D	5.6% E
105.	Accidents	39.0% A	31.2% B	19.0% C	9.1% D	1.7% E
106.	Embarrassment to self or others	21.2% A	35.1% B	26.4% C	11.7% D	5.6% E
107.	Legal involvement: arrest	35.5% A	34.2% B	20.8% C	7.8% D	1.7% E
108.	Future career affected negatively	28.1% A	35.5% B	20.8% C	11.7% D	3.9% E
109.	Continued use	31.6% A	29.0% B	23.4% C	10.4% D	5.6% E
110.	Undesirable change in behavior	28.6% A	31.6% B	24.2% C	13.0% D	2.6% E
111.	Undesirable change in personal values	30.7% A	32.5% B	21.6% C	11.7% D	3.5% E

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Please rate the degree to which you believe the use of Heroin will probably lead to.

		Very High	High	Modest	Slight	Negligible or No
112.	Addiction	52.4% A	25.5% B	13.0% C	6.5% D	2.6% E
113.	Accidents	43.3% A	33.3% B	13.9% C	7.4% D	2.2% E
114.	Embarrassment to self or others	27.3% A	31.2% B	25.5% C	12.1% D	3.9% E
115.	Legal involvement: arrest	42.0% A	32.9% B	12.6% C	9.5% D	3.0% E
116.	Future career affected negatively	35.9% A	34.2% B	17.3% C	8.2% D	4.3% E
117.	Continued use	46.8% A	32.0% B	13.0% C	4.8% D	3.5% E
118.	Undesirable change in behavior	38.1% A	32.9% B	16.5% C	10.8% D	1.7% E
119.	Undesirable change in personal values	37.7% A	29.0% B	17.7% C	10.8% D	4.8% E

Please rate the degree to which you believe the use of Marijuana will probably lead to.

		Very High	High	Modest	Slight	Negligible or No
20.	Addiction	16.5% A	15.2% B	26.4% C	20.3% D	21.6% E
21.	Accidents	16.0% A	22.1% B	29.9% C	19.9% D	12.1% E
22.	Embarrassment to self or others	11.3% A	19.5% B	30.7% C	21.2% D	17.3% E
23.	Legal involvement: arrest	19.5% A	30.3% B	26.4% C	18.6% D	5.2% E
24.	Future career affected negatively	12.1% A	20.3% B	28.1% C	23.8% D	15.6% E
25.	Continued use	15.6% A	24.2% B	33.8% C	15.2% D	11.3% E
26.	Undesirable change in behavior	15.2% A	19.0% B	29.4% C	19.0% D	17.3% E
27.	Undesirable change in personal values	19.5% A	19.0% B	26.0% C	19.0% D	16.5% E

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Please rate the degree to which you believe the use of Alcohol will probably lead to.

	Very High	High	Modest	Slight	Negligib or No
128. Addiction	26.0% A	26.8% B	29.9% C	12.6% D	4.8% E
129. Accidents	42.0% A	28.6% B	21.2% C	6.1% D	2.2% E
130. Embarrassment to self or others	26.8% A	29.0% B	27.3% C	12.1% D	4.8% E
131. Legal involvement: arrest	20.8% A	23.8% B	32.9% C	13.9% D	8.7% E
132. Future career affected negatively	26.0% A	25.5% B	26.4% C	16.0% D	6.1% E
133. Continued use	30.7% A	31.6% B	23.8% C	10.4% D	3.5% E
134. Undesirable change in behavior	26.0% A	27.7% B	25.5% C	13.4% D	7.4% E
135. Undesirable change in personal values	30.3% A	26.0% B	21.6% C	13.9% D	8.2% E

In your opinion what is the relative importance of each of the following possible causes of drug abuse.

	Low				High
136. Academic pressure felt by student	26.0% A	18.6% B	32.0% C	14.3% D	9.1% E
137. Curiosity, adventure	16.9% A	11.3% B	26.4% C	25.5% D	19.9% E
138. Rebellion against authority	12.1% A	12.6% B	35.9% C	24.2% D	15.2% E
139. Social pressure	13.0% A	14.7% B	33.8% C	19.9% D	18.6% E
140. Generation gap	16.0% A	14.3% B	32.0% C	17.3% D	20.3% E
141. Search for values	18.2% A	20.3% B	32.9% C	19.0% D	9.5% E
142. Desire to be "cool" or "in" or "hip"	22.1% A	11.7% B	21.2% C	13.9% D	31.2% E

SUMMARY OF SURVEY RESULTS FROM GROUP II SECONDARY

DRUG USAGE

START 2nd ANSWER SHEET

All Students Complete This Section

1. The term drug refers to stimulants (amphetamines), depressants (barbiturates), narcotics (heroin, morphine, etc.), marijuana, hallucinogens (LSD, peyote, etc.), tranquilizers or any other drug except alcohol that is not prescribed by a physician or taken as directed for medical purposes.

If you have used drugs or smoked marijuana, please answer the following questions honestly since this is a completely ANONYMOUS questionnaire.

1. When did you begin using marijuana?

A.	never used marijuana	63.4%
B.	during elementary school	7.0%
C.	during junior high school	20.3%
D.	during Freshman or Sophomore year of high school	7.6%
E.	during Junior or Senior year of high school	1.7%

2. When did you begin using drugs other than marijuana?

A.	never used other drugs	70.9%
B.	during elementary school	2.3%
C.	during junior high school	16.9%
D.	during Freshman or Sophomore year of high school	8.7%
E.	during Junior or Senior year of high school	1.2%

3. About how many times would you say you made a serious attempt to stop using marijuana but continued to do so?

A.	never used marijuana	66.3%
B.	never tried	19.2%
C.	once	8.7%
D.	twice	1.7%
E.	three or more times	4.1%

4. About how many times have you made a serious attempt to stop using drugs other than marijuana, but continued to do so?

A.	never used other drugs	70.9%
B.	never tried	17.4%
C.	once	4.1%
D.	twice	2.9%
E.	three times or more	4.7%

5. Aside from what you actually could do, which one of these would you *most* like to do with reference to marijuana?

A.	never used marijuana	66.3%
B.	quit using marijuana	6.4%
C.	cut down	2.3%
D.	use as much as now	15.1%
E.	increase in use	9.9%

6. Aside from what you actually could do, which one of these would you most like to do with reference to drugs other than marijuana?

A.	never used drugs	72.7%
B.	quit using other drugs	9.3%
C.	cut down	4.7%
D.	use as much as now	9.3%
E.	increase in use	4.1%

7. Are you in any way concerned about the possible harmful effects of marijuana on your health?

A.	never used marijuana	63.4%
B.	not at all concerned	11.6%
C.	only slightly concerned	12.8%
D.	fairly concerned	7.6%
E.	very concerned	4.7%

8. Are you in any way concerned about the possible harmful effects of drugs other than marijuana on your health?

A.	never used other drugs	67.4%
B.	not at all concerned	5.8%
C.	only slightly concerned	5.8%
D.	fairly concerned	8.7%
E.	very concerned	12.2%

9. How hard do you think it would be to stop using marijuana?

A.	never used marijuana	58.7%
B.	very hard	9.3%
C.	fairly hard	7.0%
D.	fairly easy	12.2%
E.	very easy	12.8%

10. Out of the people you know best, how many use marijuana at present?

A.	none	29.1%
B.	one	7.6%
C.	two	9.3%
D.	three	5.2%
E.	four or more	48.8%

11. Out of the people you know best, how many use drugs in addition to or other than marijuana?

A.	none	40.7%
B.	one	9.3%
C.	two	9.3%
D.	three	3.5%
E.	four or more	37.2%

12. Has marijuana or taking drugs affected the health of anyone you know?

A.	yes	39.5%
B.	no	55.8%

13. Has using marijuana or taking drugs caused anyone you know to become involved in social or legal difficulties?

A.	Yes	54.7%
B.	No	41.9%

Indicate your use of the following drugs, assuming they were not prescribed by a physician or taken as directed for medical reasons. Mark one answer for each question.

REGULARLY - about every day
FREQUENTLY - about once a week, but not every day
OCCASIONALLY - once in a while, but not every week
SELDOM - a few times to see what it was like
NEVER - not tried at all

		Frequency of Use				
		Regularly	Frequently	Occasionally	Seldom	Never
14.	Caffeine tablets, no-doze or other non-prescription drugs to stay awake	6.4% A	7.6% B	5.8% C	7.0% D	73.3% E
15.	cough medicine (with codeine)	4.1% A	4.1% B	12.8% C	18.0% D	61.0% E
16.	Sleep-eze, Nytol or other non-prescription drugs to induce sleep	6.4% A	4.7% B	9.9% C	7.0% D	72.1% E
17.	Dexedrine	1.7% A	3.5% B	7.0% C	8.7% D	79.1% E
18.	Benzedrine	4.7% A	0.6% B	5.8% C	8.1% D	80.8% E
19.	Methedrine (speed)	4.7% A	7.6% B	8.1% C	8.1% D	71.5% E
20.	Nembutal (penobarbitol, yellow jackets)	3.5% A	4.1% B	4.7% C	9.3% D	78.5% E
21.	Seconal (secobarbital, red birds)	2.3% A	3.5% B	4.7% C	8.7% D	80.8% E
22.	Amytal (amobarbital, blue devils)	1.7% A	6.4% B	1.7% C	8.1% D	82.0% E
23.	Tuinal (amobarbital and secobarbital, red and blue rainbows)	3.5% A	3.5% B	5.2% C	8.1% D	79.7% E
24.	Phenobarbital	2.3% A	2.9% B	2.9% C	9.9% D	82.0% E

		Frequency of Use				
		Regularly	Frequently	Occasionally	Seldom	Never
25.	Equanil	2.3% A	2.9% B	2.9% C	4.1% D	87.8% E
26.	Librium	2.3% A	5.2% B	2.9% C	5.8% D	83.7% E
27.	Miltown	2.9% A	1.7% B	2.9% C	4.1% D	88.4% E
28.	Valium	3.5% A	1.7% B	5.2% C	5.8% D	83.7% E
29.	Codeine	2.9% A	2.3% B	5.8% C	5.8% D	83.1% E
30.	Heroin	3.5% A	1.7% B	4.1% C	3.5% D	87.2% E
31.	Morphine	4.7% A	2.3% B	3.5% C	7.0% D	82.6% E
32.	Airplane glue	2.9% A	1.7% B	4.1% C	7.0% D	84.3% E
33.	Nutmeg	2.3% A	2.3% B	5.2% C	5.2% D	84.9% E
34.	Morning Glory seeds	2.3% A	1.2% B	4.1% C	4.7% D	87.8% E
35.	Marijuana (American type)	14.0% A	7.6% B	9.9% C	5.8% D	62.8% E
36.	Marijuana (hashish)	7.0% A	9.9% B	10.5% C	4.7% D	68.0% E
37.	Psilocybin	3.5% A	0.6% B	3.5% C	3.5% D	89.0% E
38.	Peyote	3.5% A	4.1% B	1.7% C	4.1% D	86.6% E
39.	Mescaline	9.3% A	5.2% B	6.4% C	4.7% D	74.4% E
40.	DMT	5.8% A	1.2% B	2.3% C	7.6% D	83.1% E
41.	LSD	5.2% A	3.5% B	5.8% C	9.3% D	76.2% E
42.	STP	3.5% A	1.7% B	4.1% C	4.7% D	86.0% E
43.	Alcohol	9.3% A	11.0% B	24.4% C	19.2% D	36.0% E
44.	Tobacco	21.5% A	7.6% B	12.8% C	15.1% D	43.0% E

SUMMARY OF SURVEY RESULTS FROM GROUP III - SECONDARY

DRUG USAGE

START 2nd ANSWER SHEET

All Students Complete This Section

1. The term drug refers to stimulants (amphetamines), depressants (barbiturates), narcotics (heroin, morphine, etc.), marijuana, hallucinogens (LSD, peyote, etc.), tranquilizers or any other drug except alcohol that is not prescribed by a physician or taken as directed for medical purposes.

If you have used drugs or smoked marijuana, please answer the following questions honestly since this is a completely ANONYMOUS questionnaire.

1. When did you begin using marijuana?

A.	never used marijuana	70.5%
B.	during elementary school	5.5%
C.	during junior high school	12.3%
D.	during Freshman or Sophomore year of high school	7.6%
E.	during Junior or Senior year of high school	1.7%

2. When did you begin using drugs other than marijuana?

A.	never used other drugs	82.3%
B.	during elementary school	2.7%
C.	during junior high school	7.3%
D.	during Freshman or Sophomore year of high school	7.3%
E.	during Junior or Senior year of high school	0.5%

3. About how many times would you say you made a serious attempt to stop using marijuana but continued to do so?

A.	never used marijuana	70.0%
B.	never tried	20.0%
C.	once	4.1%
D.	twice	3.6%
E.	three or more times	2.3%

4. About how many times have you made a serious attempt to stop using drugs other than marijuana, but continued to do so?

A.	never used other drugs	79.5%
B.	never tried	13.6%
C.	once	4.1%
D.	twice	1.8%
E.	three times or more	0.9%

5. Aside from what you actually could do, which one of these would you most like to do with reference to marijuana?

A.	never used marijuana	72.3%
B.	quit using marijuana	5.0%
C.	cut down	1.8%
D.	use as much as now	13.6%
E.	increase in use	7.3%

6. Aside from what you actually could do, which one of these would you most like to do with reference to drugs other than marijuana?

A.	never used drugs	80.9%
B.	quit using other drugs	3.6%
C.	cut down	4.5%
D.	use as much as now	5.9%
E.	increase in use	5.0%

7. Are you in any way concerned about the possible harmful effects of marijuana on your health?

A.	never used marijuana	65.5%
B.	not at all concerned	12.3%
C.	only slightly concerned	9.1%
D.	fairly concerned	8.6%
E.	very concerned	4.5%

8. Are you in any way concerned about the possible harmful effects of drugs other than marijuana on your health?

A.	never used other drugs	75.5%
B.	not at all concerned	5.5%
C.	only slightly concerned	8.6%
D.	fairly concerned	5.0%
E.	very concerned	5.5%

9. How hard do you think it would be to stop using marijuana?

A.	never used marijuana	66.8%
B.	very hard	3.2%
C.	fairly hard	5.0%
D.	fairly easy	8.2%
E.	very easy	16.8%

10. Out of the people you know best, how many use marijuana at present?

A.	none	37.3%
B.	one	7.3%
C.	two	7.7%
D.	three	4.5%
E.	four or more	43.2%

11. Out of the people you know best, how many use drugs in addition to or other than marijuana?

A.	none	48.6%
B.	one	12.7%
C.	two	8.6%
D.	three	6.8%
E.	four or more	23.2%

12. Has marijuana or taking drugs affected the health of anyone you know?

A.	yes	34.5%
B.	no	63.2%

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3. Has using marijuana or taking drugs caused anyone you know to become involved in social or legal difficulties?

A.	Yes	36.8%
B.	No	57.3%

dicate your use of the following drugs, assuming they were not prescribed by a hysician or taken as directed for medical reasons. Mark one answer for each estion.

EGULARLY - about every day
REQUENTLY - about once a week, but not every day
CCASIONALLY - once in a while, but not every week
ELDOM - a few times to see what it was like
EVER - not tried at all

	Frequency of Use				
	Regularly	Frequently	Occasionally	Seldom	Never
4. Caffeine tablets, no-doze or other non-prescription drugs to stay awake	4.5% A	8.2% B	6.4% C	6.8% D	74.1% E
5. cough medicine (with codeine)	8.6% A	3.6% B	15.5% C	14.5% D	57.7% E
6. Sleep-eze, Nytol or other non-prescription drugs to induce sleep	5.0% A	5.9% B	8.6% C	5.5% D	75.0% E
7. Dexedrine	3.6% A	5.0% B	4.5% C	6.4% D	80.5% E
8. Benzedrine	5.9% A	4.1% B	3.6% C	5.5% D	80.9% E
9. Methedrine (speed)	2.7% A	6.8% B	4.1% C	7.3% D	79.1% E
0. Nembutal (penobarbitol, yellow jackets)	5.0% A	4.1% B	5.0% C	5.9% D	80.0% E
1. Seconal (secobarbital, red birds)	4.1% A	5.5% B	5.0% C	5.0% D	80.5% E
2. Amytal (amobarbital, blue devils)	5.0% A	3.2% B	6.8% C	3.2% D	81.8% E
3. Tuinal (amobarbital and secobarbital, red and blue rainbows)	4.1% A	5.0% B	4.5% C	5.0% D	81.4% E
4. Phenobarbital	5.0% A	3.2% B	2.3% C	6.8% D	82.7% E

		Frequency of Use				
		Regularly	Frequently	Occasionally	Seldom	Never
25.	Equanil	4.5% A	2.7% B	4.1% C	3.2% D	85.5% E
26.	Librium	5.0% A	3.2% B	2.3% C	5.5% D	84.1% E
27.	Miltown	3.6% A	1.8% B	4.1% C	4.5% D	85.9% E
28.	Valium	4.5% A	1.8% B	3.2% C	4.5% D	85.9% E
29.	Codeine	3.2% A	3.6% B	7.3% C	8.2% D	77.7% E
30.	Heroin	3.6% A	1.8% B	3.2% C	3.6% D	87.7% E
31.	Morphine	5.0% A	2.7% B	2.3% C	4.5% D	85.5% E
32.	Airplane glue	3.6% A	2.7% B	5.5% C	5.0% D	83.2% E
33.	Nutmeg	4.5% A	1.8% B	4.5% C	3.6% D	85.5% E
34.	Morning Glory seeds	4.1% A	2.3% B	5.5% C	5.0% D	83.2% E
35.	Marijuana (American type)	9.5% A	9.5% B	12.3% C	3.6% D	65.0% E
36.	Marijuana (hashish)	7.3% A	8.6% B	8.6% C	5.5% D	70.0% E
37.	Psilocybin	5.5% A	2.3% B	3.6% C	3.6% D	85.0% E
38.	Peyote	5.0% A	3.6% B	4.1% C	4.1% D	83.2% E
39.	Mescaline	6.8% A	4.5% B	5.0% C	5.0% D	78.6% E
40.	DMT	5.5% A	3.2% B	3.2% C	5.0% D	83.2% E
41.	LSD	5.5% A	2.7% B	3.6% C	6.8% D	81.4% E
42.	STP	5.0% A	5.0% B	2.7% C	3.2% D	84.1% E
43.	Alcohol	10.0% A	10.5% B	22.3% C	17.3% D	40.0% E
44.	Tobacco	22.7% A	7.3% B	5.9% C	18.6% D	45.5% E

SECTION B: EVALUATION INSTRUMENTS UTILIZED WITH THE TEACHER TRAINING PROGRAM

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SUMMARY SHEET FOR JANUARY WORKSHOP -- 1973

WORKSHOP EVALUATION FORM

NAME OF YOUR SCHOOL ______________________

GRADE OR COURSE YOU TEACH ______________________

DIRECTIONS FOR RECORDING RESPONSES ON ANSWER SHEET

Read each statement carefully. Then indicate whether you agree, probably agree, probably disagree, or disagree with each statement. Mark your answers in the following manner:

If you AGREE with the statement, circle "A". . . . [✓ A] PA PD D

If you are somewhat uncertain, but PROBABLY AGREE with the statement, circle "PA" . . . . A [✓ PA] PD D

If you are somewhat uncertain, but PROBABLY DISAGREE with the statement, circle "PD" . . . A PA [✓ PD] D

If you DISAGREE with the statement, circle "D" . . . A PA PD [✓ D]

1) The content of this workshop was what I expected it to be	29 A	27 PA	6 PD	4 D
2) The physical facilities were adequate for this workshop.	51 A	10 PA	3 PD	1 D
3) The group participating in the workshop was about the right size	46 A	11 PA	7 PD	2 D
4) The conductors of this workshop were genuinely interested in answering our questions .	64 A	4 PA	PD	D
5) The conductors of this workshop made a clear statement of goals.	28 A	32 PA	7 PD	D
6) The conductors of this workshop knew what they were talking about.	56 A	11 PA	PD	D
7) I felt at ease and able to interact in this workshop.	40 A	22 PA	5 PD	D

		A	PA	PD	D
8)	This workshop was conducted in a well organized fashion	58	9		
9)	The content of this workshop was clearly related to my work situation	18	32	12	4

10) Please list the most important ideas presented in this workshop.

(A)

(B)

(C)

		A	PA	PD	D
11)	I do not know how to implement the ideas presented in this workshop.	4	11	26	20
12)	This workshop was useful	48	15	2	2
13)	The procedures and organization for the workshop were satisfactory	51	13	1	
14)	I would recommend this workshop to my colleagues	57	8	1	1

15) List the ideas you intend to use in your work situation.

(A)

(B)

(C)

Additional Comments:

FEBRUARY, 1973

WORKSHOP EVALUATION FORM

NAME OF YOUR SCHOOL ______________________

GRADE OR COURSE YOU TEACH ____________________

DIRECTIONS FOR RECORDING RESPONSES ON ANSWER SHEET

Read each statement carefully. Then indicate whether you agree, probably agree, probably disagree, or disagree with each statement. Mark your answers in the following manner:

If you AGREE with the statement, circle "A". . . . [✓ A] PA PD D

If you are somewhat uncertain, but PROBABLY AGREE with the statement, circle "PA" . . . . A [✓ PA] PD D

If you are somewhat uncertain, but PROBABLY DISAGREE with the statement, circle "PD" . . . A PA [✓ PD] D

If you DISAGREE with the statement, circle "D" . . . A PA PD [✓ D]

1) The content of this workshop was what I expected it to be	35 A	25 PA	4 PD	2 D
2) The physical facilities were adequate for this workshop.	37 A	20 PA	5 PD	5 D
3) The group participating in the workshop was about the right size	38 A	17 PA	10 PD	2 D
4) The conductors of this workshop were genuinely interested in answering our questions .	60 A	4 PA	1 PD	0 D
5) The conductors of this workshop made a clear statement of goals.	32 A	29 PA	2 PD	3 D
6) The conductors of this workshop knew what they were talking about.	58 A	7 PA	1 PD	0 D
7) I felt at ease and able to interact in this workshop.	41 A	22 PA	1 PD	1 D

		A	PA	PD	D
8)	This workshop was conducted in a well organized fashion	56	14	1	0
9)	The content of this workshop was clearly related to my work situation	15	38	7	5

10) Please list the most important ideas presented in this workshop.

(A)

(B)

(C)

		A	PA	PD	D
11)	I do not know how to implement the ideas presented in this workshop.	1	17	31	15
12)	This workshop was useful	35	26	3	0
13)	The procedures and organization for the workshop were satisfactory	45	17	0	0
14)	I would recommend this workshop to my colleagues	47	15	2	0

15) List the ideas you intend to use in your work situation.

(A)

(B)

(C)

Additional Comments:

SUMMARY OF PRE-TEST RESULTS, COMMUNICATIONS WORKSHOP, FEBRUARY, 1973

DRUG ATTITUDINAL INVENTORY

Junior High and High School Form

Dr. C. E. Box
Dr. I. Cockriel

The purpose of this survey is to determine the attitudes and knowledge of students concerning drugs.

This is a completely anonymous survey. Do not sign your name on the answer sheets.

This is not a test. Answer each question with the first response that comes to your mind. Please answer the questions as honestly and as sincerely as possible.

The term DRUG in the survey will include all stimulants, depressants, narcotics, hallucinogens, and alcohol or any other drugs except tobacco products not prescribed by a physician or taken as directed for medical purposes. The term ADDICT refers to any person physically dependent on heroin, morphine, opium or barbiturates.

STUDENT DRUG INVENTORY

Please respond to all items on the answer sheet provided. Mark the appropriate box with a number 2 pencil.

Indicate your birthdate by completing the area on the answer sheet with the heading "Birthdate" (upper right hand corner).

Indicate your year in school in the column to the left of your birthdate.

Indicate your sex in the column to the right of your birthdate.

1. Are you currently enrolled in health class?
   A. Yes 11.3%
   B. No 88.7%

2. Have you received previous instruction on drugs and drug abuse?
   A. Yes 33.9%
   B. No 64.5%

3. My parents are:

A.	living together	64.5%
B.	divorced or separated, no father in the home	3.2%
C.	divorced or separated, no mother in the home	0.0%
D.	widowed	17.7%
E.	other	14.5%

4. Do you feel that you are accepted and understood in your family compared to other young people your age?
   A. Yes 96.8%
   B. No 3.2%

5. Do you feel that you have received adequate drug instruction?
   A. Yes 25.8%
   B. No 74.2%

Listed below are a number of statements. Place a mark on the answer sheet how much you agree or disagree with each statement. Use only one mark for each statement.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
6. Parents should be responsible for drug education.	19.4% A	58.1% B	8.1% C	12.9% D	1.6% E
7. Schools should be responsible for drug education.	30.6% A	62.9% B	0.0% C	3.2% D	3.2% E
8. Community organizations should be responsible for drug education.	8.1% A	51.6% B	22.6% C	9.7% D	8.1% E
9. There is a drug abuse problem in your community.	29.0% A	48.4% B	17.7% C	4.8% D	0.0% E
10. The drug abuse problem in the schools has been exaggerated by the media (e.g. newspaper, radio, T.V., etc.)	6.5% A	22.6% B	29.0% C	35.5% D	6.5% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
. There is a drug abuse problem in your school.	11.3% A	25.8% B	17.7% C	25.8% D	19.4% E
. An important reason for drug abuse is that drugs are easy to get.	12.9% A	38.7% B	14.5% C	25.8% D	8.1% E
. Permissiveness of parents is the single most important factor in drug use by young people.	8.1% A	14.5% B	12.9% C	58.1% D	6.5% E
4. An important factor in drug abuse is the personality of the individual.	48.4% A	40.3% B	8.1% C	3.2% D	0.0% E
5. At moderate amounts, the effects of any drug are determined more by personal and social factors than by the drug itself.	8.1% A	35.5% B	25.8% C	24.2% D	6.5% E
6. Drug abusers have specific personality problems.	17.7% A	45.2% B	21.0% C	14.5% D	1.6% E
7. The drug abuser is a victim of social forces beyond his control.	4.8% A	6.5% B	24.2% C	53.2% D	11.3% E
8. Drug abuse is a problem created by the laws intended to control it.	4.8% A	4.8% B	16.1% C	59.7% D	14.5% E
9. The danger of ADDICTION exists in the person, not in the drugs.	21.0% A	25.8% B	14.5% C	25.8% D	12.9% E
0. Young people experiment with drugs because they have not been properly informed or instructed about their use and abuse.	3.2% A	12.9% B	9.7% C	56.5% D	17.7% E
1. If people are properly instructed about drugs, the amount of drug abuse will go down.	4.8% A	12.9% B	25.8% C	43.5% D	12.9% E
22. Young people who may be tempted (and who may have the opportunity) to use drugs have the right to adequate public instruction.	25.8% A	58.1% B	11.3% C	4.8% D	0.0% E
23. There is a typical type of person who abuses drugs.	4.8% A	12.9% B	21.0% C	37.1% D	24.2% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
24. Young people who experiment with drugs do so to prove they are grown up.	6.5% A	22.6% B	27.4% C	38.7% D	4.8% E
25. Young people who experiment with drugs do so from fear of not being accepted.	3.2% A	50.0% B	22.6% C	21.0% D	3.2% E
26. Drug abuse is a major factor in juvenile delinquency.	6.5% A	33.9% B	30.6% C	24.2% D	3.8% E
27. Young people who misuse alcohol and drugs should be judged by society in the same manner adults are judged.	8.1% A	21.0% B	22.6% C	38.7% D	9.7% E
28. Availability of alcohol and its use by society helps create a dependence upon it to meet social demands.	16.1% A	56.5% B	12.9% C	14.5% D	0.0% E
29. Marijuana is ued by some people in the same sense as others would use alcohol.	21.0% A	66.1% B	8.1% C	1.6% D	3.2% E
30. Marijuana stimulates creativity.	3.2% A	8.1% B	43.5% C	37.1% D	8.1% E
31. Marijuana stimulates the sex drive.	4.8% A	4.8% B	40.3% C	43.5% D	6.5% E
32. Marijuana users are easily recognized.	3.2% A	4.8% B	30.6% C	45.2% D	16.1% E
33. Moderate use of marijuana is not harmful.	6.5% A	22.6% B	41.9% C	22.6% D	6.5% E
34. Most people use LSD to get a greater insight into their personality.	3.2% A	16.1% B	45.2% C	27.4% D	8.1% E
35. The effects of LSD vary widely among individuals.	14.5% A	58.1% B	21.0% C	4.8% D	1.6% E
36. Marijuana usage is harmful to health.	4.8% A	32.3% B	33.9% C	25.8% D	3.2% E
37. The use of marijuana should be legalized.	6.5% A	8.1% B	40.3% C	22.6% D	22.6% E
38. Marijuana is frequently a "stepping stone" to experimentation with other drugs.	11.3% A	50.0% B	24.2% C	12.9% D	1.6% E

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	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Moderate use of stimulant drugs to stay awake is not harmful to health.	9.7% A	9.7% B	21.0% C	51.6% D	8.1% E
Most people who use LSD use it in the same sense as others who use marijuana.	4.8% A	17.7% B	29.0% C	38.7% D	9.7% E
If a drug does not cause physical need (ADDICTION), its use should be legal.	3.2% A	14.5% B	24.2% C	40.3% D	17.7% E
Free drugs for ADDICTS would slow down the crime rate.	1.6% A	25.8% B	37.1% C	27.4% D	8.1% E
The use of LSD could be helpful to most persons.	3.2% A	4.8% B	8.1% C	40.3% D	43.5% E
The use of amphetamines (stimulants) and barbiturates (depressants) are not as harmful as many common health hazards such as smoking.	1.6% A	6.5% B	37.1% C	33.9% D	21.0% E
Being ADDICTED to drugs should be against the law.	9.7% A	12.9% B	25.8% C	32.3% D	19.4% E
It is more likely that the average person will have a good LSD "trip" than a poor "trip."	1.6% A	6.5% B	51.6% C	30.6% D	9.7% E
Moderate use of marijuana is not harmful to your body or to the way you think.	1.6% A	16.1% B	43.5% C	35.5% D	3.2% E
There is an increasing need for laws to control drugs that are abused.	16.1% A	32.3% B	25.8% C	24.2% D	1.6% E
Most people who use marijuana use it for the same reasons others use alcohol.	8.1% A	58.1% B	27.4% C	3.2% D	3.2% E
There should be laws controlling the sale of LSD.	30.6% A	45.2% B	9.7% C	8.1% D	6.5% E
Those who regularly use marijuana experience emotional problems.	4.8% A	33.9% B	43.5% C	17.7% D	0.0% E
Marijuana, or the reaction to it by our society, can result in serious problems for the user.	12.9% A	58.1% B	22.6% C	6.5% D	0.0% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
53. Methaphetamine or "speed" has become a popular alternative to LSD use.	3.2% A	32.3% B	53.2% C	11.3% D	0.0% E
54. Drug ADDICTS frequently commit violent crimes.	9.7% A	50.0% B	21.0% C	19.4% D	0.0% E
55. Drug ADDICTS are more apt to commit sex crimes.	3.2% A	11.3% B	45.2% C	33.9% D	6.5% E
56. Students begin abusing drugs because of pushers.	6.5% A	19.4% B	29.0% C	35.5% D	9.7% E
57. Once you take a shot of Heroin, you will be immediately ADDICTED.	4.8% A	3.2% B	14.5% C	58.1% D	19.4% E
58. Those who regularly use marijuana experience increasing physical problems.	3.2% A	19.4% B	50.0% C	25.8% D	1.6% E
59. Once an ADDICT, always an ADDICT.	6.5% A	17.7% B	16.1% C	35.5% D	24.2% E
60. Narcotic ADDICTION is a problem because it creates a population of criminals.	8.1% A	37.1% B	24.2% C	25.8% D	4.8% E
61. Drug abusers have sex more often and with a greater number of different people than non-users.	3.2% A	14.5% B	54.8% C	21.0% D	6.5% E
62. Laws affecting marijuana control are too strict.	6.5% A	19.4% B	27.4% C	33.9% D	12.9% E
63. Most drug abusers come from deprived, poor city neighborhoods.	6.5% A	8.1% B	8.1% C	56.5% D	21.0% E
64. People become ADDICTS because nobody stops them from becoming ADDICTS.	4.8% A	17.7% B	16.1% C	51.6% D	9.7% E
65. I feel that warnings about marijuana affecting health apply to me.	16.1% A	38.7% B	6.5% C	22.6% D	16.1% E
66. The use of non-narcotic drugs is a problem because it creates a population of criminals.	3.2% A	4.8% B	22.6% C	54.8% D	14.5% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
. I feel that warnings about drugs other than marijuana apply to me.	22.6% A	38.7% B	4.8% C	22.6% D	11.3% E
. Teachers are the appropriate personnel for instructing about drugs.	4.8% A	38.7% B	38.7% C	16.1% D	1.6% E

ase rate the degree to which you believe the use of Amphetamines (stimulants) will bably lead to.

	Very High	High	Modest	Slight	Negligible or No
Addiction	8.1% A	45.2% B	25.8% C	14.5% D	6.5% E
Accidents	14.5% A	46.8% B	22.6% C	16.1% D	0.0% E
Embarrassment to self or others	6.5% A	38.7% B	37.1% C	12.9% D	4.8% E
Legal involvement: arrest	19.4% A	37.1% B	24.2% C	16.1% D	3.2% E
Future career affected negatively	21.0% A	30.6% B	37.1% C	9.7% D	1.6% E
Continued use	16.1% A	58.1% B	22.6% C	3.2% D	0.0% E
Undesirable change in behavior	21.0% A	45.2% B	27.4% C	6.5% D	0.0% E
Undesirable change in personal values	22.6% A	40.3% B	24.2% C	11.3% D	1.6% E

Please rate the degree to which you believe the use of barbiturates (depressants) will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
77. Addiction	14.5% A	50.0% B	24.2% C	9.7% D	1.6% E
78. Accidents	19.4% A	38.7% B	32.3% C	9.7% D	0.0% E
79. Embarrassment to self or others	9.7% A	32.3% B	35.5% C	21.0% D	1.6% E
80. Legal involvement: arrest	8.1% A	32.3% B	37.1% C	21.0% D	1.6% E
81. Future career affected negatively	22.6% A	40.3% B	30.6% C	6.5% D	0.0% E
82. Continued use	12.9% A	56.5% B	24.2% C	4.8% D	1.6% E
83. Undesirable change in behavior	12.9% A	62.9% B	16.1% C	6.5% D	1.6% E
84. Undesirable change in personal values	21.0% A	50.0% B	14.5% C	11.3% D	3.2% E

Please rate the degree to which you believe the use of LSD will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
85. Addiction	27.4% A	38.7% B	14.5% C	6.5% D	12.9% E
86. Accidents	43.5% A	40.3% B	11.3% C	4.8% D	0.0% E
87. Embarrassment to self or others	30.6% A	40.3% B	24.2% C	3.2% D	1.6% E
88. Legal involvement: arrest	38.7% A	37.1% B	16.1% C	8.1% D	0.0% E
89. Future career affected negatively	41.9% A	37.1% B	17.7% C	3.2% D	0.0% E
90. Continued use	33.9% A	40.3% B	14.5% C	11.3% D	0.0% E
91. Undesirable change in behavior	40.3% A	45.2% B	14.5% C	0.0% D	0.0% E
92. Undesirable change in personal values	37.1% A	43.5% B	12.9% C	4.8% D	1.6% E

ase rate the degree to which you believe the use of Heroin will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
Addiction	67.7% A	29.0% B	3.2% C	0.0% D	0.0% E
Accidents	33.9% A	43.5% B	17.7% C	4.8% D	0.0% E
Embarrassment to self or others	32.3% A	41.9% B	16.1% C	6.5% D	3.2% E
Legal involvement: arrest	54.8% A	37.1% B	6.5% C	1.6% D	0.0% E
Future career affected negatively	54.8% A	38.7% B	6.5% C	0.0% D	0.0% E
Continued use	66.1% A	32.3% B	1.6% C	0.0% D	0.0% E
Undesirable change in behavior	45.2% A	45.2% B	4.8% C	4.8% D	0.0% E
Undesirable change in personal values	58.1% A	30.6% B	4.8% C	4.8% D	1.6% E

ase rate the degree to which you believe the use of Marijuana will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
Addiction	6.5% A	11.3% B	40.3% C	25.8% D	16.1% E
Accidents	8.1% A	17.7% B	37.1% C	27.4% D	9.7% E
Embarrassment to self or others	4.8% A	21.0% B	40.3% C	24.2% D	9.7% E
Legal involvement: arrest	8.1% A	38.7% B	35.5% C	16.1% D	1.6% E
Future career affected negatively	9.7% A	17.7% B	33.9% C	29.0% D	9.7% E
Continued use	8.1% A	24.2% B	40.3% C	17.7% D	9.7% E
Undesirable change in behavior	8.1% A	25.8% B	27.4% C	35.5% D	3.2% E
Undesirable change in personal values	8.1% A	21.0% B	30.6% C	32.3% D	8.1% E

Please rate the degree to which you believe the use of Alcohol will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
109. Addiction	9.7% A	32.3% B	37.1% C	17.7% D	3.2% E
110. Accidents	32.3% A	43.5% B	11.3% C	12.9% D	0.0% E
111. Embarrassment to self or others	17.7% A	41.9% B	25.8% C	14.5% D	0.0% E
112. Legal involvement: arrest	4.8% A	37.1% B	35.5% C	17.7% D	4.8% E
113. Future career affected negatively	6.5% A	30.6% B	35.5% C	19.4% D	8.1% E
114. Continued use	14.5% A	46.8% B	25.8% C	12.9% D	0.0% E
115. Undesirable change in behavior	11.3% A	37.1% B	29.0% C	19.4% D	3.2% E
116. Undesirable change in personal values	6.5% A	33.9% B	27.4% C	25.8% D	6.5% E

In your opinion what is the relative importance of each of the following possible causes of drug abuse.

	Low				High
117. Academic pressure felt by student	9.7% A	27.4% B	35.5% C	22.6% D	4.8% E
118. Curiosity, adventure	8.1% A	16.1% B	14.5% C	35.5% D	25.8% E
119. Rebellion against authority	4.8% A	24.2% B	19.4% C	32.3% D	19.4% E
120. Social pressure	9.7% A	14.5% B	27.4% C	32.3% D	16.1% E
121. Generation gap	16.1% A	21.0% B	37.1% C	19.4% D	6.5% E
122. Search for values	14.5% A	21.0% B	30.6% C	22.6% D	11.3% E

SUMMARY OF POST-TEST RESULTS, COMMUNICATIONS WORKSHOP
FEBRUARY, 1973

.DRUG ATTITUDINAL INVENTORY

Junior High and High School Form

Dr. C. E. Box
Dr. I. Cockriel

The purpose of this survey is to determine the attitudes and knowledge of students concerning drugs.

This is a completely anonymous survey. Do not sign your name on the answer sheets.

This is not a test. Answer each question with the first response that comes to your mind. Please answer the questions as honestly and as sincerely as possible.

The term DRUG in the survey will include all stimulants, depressants, narcotics, hallucinogens, and alcohol or any other drugs except tobacco products not prescribed by a physician or taken as directed for medical purposes. The term ADDICT refers to any person physically dependent on heroin, morphine, opium or barbiturates.

STUDENT DRUG INVENTORY

Please respond to all items on the answer sheet provided. Mark the appropriate box with a number 2 pencil.

Indicate your birthdate by completing the area on the answer sheet with the heading "Birthdate" (upper right hand corner).

Indicate your year in school in the column to the left of your birthdate.

Indicate your sex in the column to the right of your birthdate.

1. Are you currently enrolled in health class?

A.	Yes	16.0%
B.	No	84.0%

2. Have you received previous instruction on drugs and drug abuse?

A.	Yes	64.0%
B.	No	36.0%

3. My parents are:

A.	living together	58.0%
B.	divorced or separated, no father in the home	4.0%
C.	divorced or separated, no mother in the home	0.0%
D.	widowed	24.0%
E.	other	14.0%

4. Do you feel that you are accepted and understood in your family compared to other young people your age?

A.	Yes	98.0%
B.	No	2.0%

5. Do you feel that you have received adequate drug instruction?

A.	Yes	58.0%
B.	No	42.0%

Listed below are a number of statements. Place a mark on the answer sheet how much you agree or disagree with each statement. Use only one mark for each statement.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
6. Parents should be responsible for drug education.	14.0% A	66.0% B	12.0% C	4.0% D	4.0% E
7. Schools should be responsible for drug education.	18.0% A	68.0% B	4.0% C	8.0% D	2.0% E
8. Community organizations should be responsible for drug education.	10.0% A	60.0% B	14.0% C	12.0% D	4.0% E
9. There is a drug abuse problem in your community.	A	B	C	D	E
10. The drug abuse problem in the schools has been exaggerated by the media (e.g. newspaper, radio, T.V., etc.)	A	B	C	D	E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
There is a drug abuse problem in your school.	4.0% A	28.0% B	14.0% C	32.0% D	22.0% E
An important reason for drug abuse is that drugs are easy to get.	8.0% A	36.0% B	8.0% C	34.0% D	14.0% E
Permissiveness of parents is the single most important factor in drug use by young people.	8.0% A	12.0% B	18.0% C	58.0% D	4.0% E
An important factor in drug abuse is the personality of the individual.	46.0% A	46.0% B	4.0% C	4.0% D	0.0% E
At moderate amounts, the effects of any drug are determined more by personal and social factors than by the drug itself.	28.0% A	62.0% B	6.0% C	4.0% D	0.0% E
Drug abusers have specific personality problems.	26.0% A	46.0% B	12.0% C	16.0% D	0.0% E
The drug abuser is a victim of social forces beyond his control.	4.0% A	8.0% B	22.0% C	56.0% D	10.0% E
Drug abuse is a problem created by the laws intended to control it.	0.0% A	16.0% B	16.0% C	60.0% D	8.0% E
The danger of ADDICTION exists in the person, not in the drugs.	22.0% A	40.0% B	4.0% C	26.0% D	8.0% E
Young people experiment with drugs because they have not been properly informed or instructed about their use and abuse.	4.0% A	14.0% B	10.0% C	68.0% D	4.0% E
If people are properly instructed about drugs, the amount of drug abuse will go down.	4.0% A	20.0% B	34.0% C	38.0% D	4.0% E
Young people who may be tempted (and who may have the opportunity) to use drugs have the right to adequate public instruction.	40.0% A	52.0% B	8.0% C	0.0% D	0.0% E
There is a typical type of person who abuses drugs.	6.0% A	18.0% B	12.0% C	46.0% D	18.0% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
24. Young people who experiment with drugs do so to prove they are grown up.	2.0% A	40.0% B	16.0% C	40.0% D	2.0% E
25. Young people who experiment with drugs do so from fear of not being accepted.	14.0% A	60.0% B	8.0% C	16.0% D	2.0% E
26. Drug abuse is a major factor in juvenile delinquency.	6.0% A	42.0% B	22.0% C	28.0% D	2.0% E
27. Young people who misuse alcohol and drugs should be judged by society in the same manner adults are judged.	8.0% A	22.0% B	20.0% C	42.0% D	8.0% E
28. Availability of alcohol and its use by society helps create a dependence upon it to meet social demands.	16.0% A	64.0% B	6.0% C	14.0% D	0.0% E
29. Marijuana is used by some people in the same sense as others would use alcohol.	26.0% A	70.0% B	4.0% C	0.0% D	0.0% E
30. Marijuana stimulates creativity.	4.0% A	8.0% B	18.0% C	66.0% D	4.0% E
31. Marijuana stimulates the sex drive.	4.0% A	4.0% B	22.0% C	62.0% D	8.0% E
32. Marijuana users are easily recognized.	4.0% A	0.0% B	10.0% C	70.0% D	16.0% E
33. Moderate use of marijuana is not harmful.	10.0% A	50.0% B	24.0% C	14.0% D	2.0% E
34. Most people use LSD to get a greater insight into their personality.	10.0% A	34.0% B	18.0% C	32.0% D	6.0% E
35. The effects of LSD vary widely among individuals.	30.0% A	64.0% B	2.0% C	4.0% D	0.0% E
36. Marijuana usage is harmful to health.	8.0% A	14.0% B	34.0% C	40.0% D	4.0% E
37. The use of marijuana should be legalized.	6.0% A	10.0% B	34.0% C	38.0% D	12.0% E
38. Marijuana is frequently a "stepping stone" to experimentation with other drugs.	12.0% A	52.0% B	18.0% C	16.0% D	2.0% E

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	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Moderate use of stimulant drugs to stay awake is not harmful to health.	2.0% A	26.0% B	10.0% C	62.0% D	0.0% E
Most people who use LSD use it in the same sense as others who use marijuana.	6.0% A	22.0% B	24.0% C	44.0% D	4.0% E
If a drug does not cause physical need (ADDICTION), its use should be legal.	4.0% A	6.0% B	24.0% C	44.0% D	22.0% E
Free drugs for ADDICTS would slow down the crime rate.	2.0% A	14.0% B	8.0% C	56.0% D	20.0% E
The use of LSD could be helpful to most persons.	4.0% A	0.0% B	16.0% C	50.0% D	30.0% E
The use of amphetamines (stimulants) and barbiturates (depressants) are not as harmful as many common health hazards such as smoking.	2.0% A	8.0% B	24.0% C	46.0% D	20.0% E
Being ADDICTED to drugs should be against the law.	4.0% A	8.0% B	20.0% C	52.0% D	16.0% E
It is more likely that the average person will have a good LSD "trip" than a poor "trip."	0.0% A	20.0% B	46.0% C	26.0% D	8.0% E
Moderate use of marijuana is not harmful to your body or to the way you think.	4.0% A	44.0% B	30.0% C	20.0% D	2.0% E
There is an increasing need for laws to control drugs that are abused.	6.0% A	40.0% B	24.0% C	30.0% D	0.0% E
Most people who use marijuana use it for the same reasons others use alcohol.	18.0% A	74.0% B	8.0% C	0.0% D	0.0% E
There should be laws controlling the sale of LSD.	28.0% A	54.0% B	12.0% C	6.0% D	0.0% E
Those who regularly use marijuana experience emotional problems.	10.0% A	26.0% B	32.0% C	28.0% D	4.0% E
Marijuana, or the reaction to it by our society, can result in serious problems for the user.	18.0% A	64.0% B	8.0% C	8.0% D	2.0% E

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
53. Methaphetamine or "speed" has become a popular alternative to LSD use.	8.0% A	40.0% B	38.0% C	12.0% D	2.0% E
54. Drug ADDICTS frequently commit violent crimes.	14.0% A	54.0% B	10.0% C	22.0% D	0.0% E
55. Drug ADDICTS are more apt to commit sex crimes.	16.0% A	16.0% B	18.0% C	48.0% D	2.0% E
56. Students begin abusing drugs because of pushers.	4.0% A	12.0% B	4.0% C	56.0% D	24.0% E
57. Once you take a shot of Heroin, you will be immediately ADDICTED.	4.0% A	2.0% B	8.0% C	62.0% D	24.0% E
58. Those who regularly use marijuana experience increasing physical problems.	4.0% A	12.0% B	26.0% C	54.0% D	4.0% E
59. Once an ADDICT, always an ADDICT.	4.0% A	22.0% B	12.0% C	38.0% D	24.0% E
60. Narcotic ADDICTION is a problem because it creates a population of criminals.	14.0% A	44.0% B	16.0% C	24.0% D	2.0% E
61. Drug abusers have sex more often and with a greater number of different people than non-users.	2.0% A	36.0% B	26.0% C	34.0% D	2.0% E
62. Laws affecting marijuana control are too strict.	8.0% A	28.0% B	26.0% C	30.0% D	8.0% E
63. Most drug abusers come from deprived, poor city neighborhoods.	6.0% A	12.0% B	12.0% C	60.0% D	10.0% E
64. People become ADDICTS because nobody stops them from becoming ADDICTS.	2.0% A	12.0% B	16.0% C	64.0% D	6.0% E
65. I feel that warnings about marijuana affecting health apply to me.	12.0% A	32.0% B	4.0% C	26.0% D	26.0% E
66. The use of non-narcotic drugs is a problem because it creates a population of criminals.	4.0% A	6.0% B	20.0% C	58.0% D	12.0% E

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	Strongly Agree	Agree	Undecided	Disagree	Strongl Disagr
67. I feel that warnings about drugs other than marijuana apply to me.	14.0% A	38.0% B	4.0% C	22.0% D	22.0% E
68. Teachers are the appropriate personnel for instructing about drugs.	6.0% A	46.0% B	30.0% C	14.0% D	4.0% E

Please rate the degree to which you believe the use of Amphetamines (stimulants) will probably lead to.

	Very High	High	Modest	Slight	Negligi or No
9. Addiction	14.0% A	46.0% B	22.0% C	16.0% D	2.0% E
0. Accidents	12.0% A	54.0% B	28.0% C	6.0% D	0.0% E
1. Embarrassment to self or others	10.0% A	52.0% B	28.0% C	10.0% D	0.0% E
2. Legal involvement: arrest	8.0% A	48.0% B	28.0% C	14.0% D	2.0 E
3. Future career affected negatively	14.0% A	52.0% B	30.0% C	4.0% D	0.0% E
. Continued use	24.0% A	56.0% B	20.0% C	0.0% D	0.0% E
. Undesirable change in behavior	22.0% A	58.0% B	16.0% C	4.0% D	0.0% E
. Undesirable change in personal values	18.0% A	62.0% B	18.0% C	2.0% D	0.0% E

Please rate the degree to which you believe the use of barbiturates (depressants) will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
77. Addiction	16.0% A	56.0% B	20.0% C	8.0% D	0.0% E
78. Accidents	18.0% A	50.0% B	28.0% C	4.0% D	0.0% E
79. Embarrassment to self or others	12.0% A	50.0% B	30.0% C	8.0% D	0.0% E
80. Legal involvement: arrest	14.0% A	44.0% B	24.0% C	16.0% D	2.0% E
81. Future career affected negatively	14.0% A	64.0% B	16.0% C	6.0% D	0.0% E
82. Continued use	26.0% A	56.0% B	16.0% C	2.0% D	0.0% E
83. Undesirable change in behavior	14.0% A	62.0% B	18.0% C	4.0% D	2.0% E
84. Undesirable change in personal values	20.0% A	56.0% B	20.0% C	2.0% D	2.0% E

Please rate the degree to which you believe the use of LSD will probably lead to.

	Very High	High	Modest	Slight	Negligibl or No
85. Addiction	18.0% A	46.0% B	14.0% C	12.0% D	10.0% E
86. Accidents	42.0% A	48.0% B	8.0% C	2.0% D	0.0% E
87. Embarrassment to self or others	26.0% A	50.0% B	18.0% C	6.0% D	0.0% E
88. Legal involvement: arrest	26.0% A	48.0% B	18.0% C	8.0% D	0.0% E
89. Future career affected negatively	24.0% A	54.0% B	18.0% C	4.0% D	0.0% E
90. Continued use	22.0% A	60.0% B	14.0% C	4.0% D	0.0% E
91. Undesirable change in behavior	36.0% A	54.0% B	8.0% C	2.0% D	0.0% E
92. Undesirable change in personal values	30.0% A	50.0% B	16.0% C	4.0% D	0.0% E

se rate the degree to which you believe the use of Heroin will probably lead to.

	Very High	High	Modest	Slight	Negligible or No
Addiction	30.0% A	50.0% B	16.0% C	4.0% D	0.0% E
Accidents	72.0% A	24.0% B	4.0% C	0.0% D	0.0% E
Embarrassment to self or others	30.0% A	44.0% B	24.0% C	2.0% D	0.0% E
Legal involvement: arrest	50.0% A	46.0% B	4.0% C	0.0% D	0.0% E
Future career affected negatively	52.0% A	44.0% B	4.0% C	0.0% D	0.0% E
Continued use	64.0% A	34.0% B	2.0% C	0.0% D	0.0% E
Undesirable change in behavior	50.0% A	44.0% B	6.0% C	0.0% D	0.0% E
Undesirable change in personal values	60.0% A	34.0% B	6.0% C	0.0% D	0.0% E

se rate the degree to which you believe the use of Marijuana will probably lead to.

	Very High	High	Modest	Slight	Negligibl or No
Addiction	6.0% A	10.0% B	24.0% C	34.0% D	26.0% E
Accidents	4.0% A	22.0% B	26.0% C	38.0% D	10.0% E
Embarrassment to self or others	6.0% A	20.0% B	28.0% C	42.0% D	4.0% E
Legal involvement: arrest	8.0% A	40.0% B	36.0% C	16.0% D	0.0% E
Future career affected negatively	8.0% A	12.0% B	30.0% C	46.0% D	4.0% E
Continued use	6.0% A	26.0% B	40.0% C	26.0% D	2.0% E
Undesirable change in behavior	4.0% A	20.0% B	24.0% C	46.0% D	6.0% E
Undesirable change in personal values	6.0% A	16.0% B	30.0% C	38.0% D	10.0% E

Please rate the degree to which you believe the use of Alcohol will probably lead to.

	Very High	High	Modest	Slight	Negligibl or No
109. Addiction	10.0% A	30.0% B	44.0% C	14.0% D	2.0% E
110. Accidents	32.0% A	46.0% B	18.0% C	4.0% D	0.0% E
111. Embarrassment to self or others	22.0% A	46.0% B	24.0% C	8.0% D	0.0% E
112. Legal involvement: arrest	10.0% A	26.0% B	46.0% C	16.0% D	2.0% E
113. Future career affected negatively	12.0% A	30.0% B	42.0% C	16.0% D	0.0% E
114. Continued use	14.0% A	54.0% B	26.0% C	6.0% D	0.0% E
115. Undesirable change in behavior	16.0% A	36.0% B	38.0% C	8.0% D	2.0% E
116. Undesirable change in personal values	10.0% A	32.0% B	40.0% C	18.0% D	0.0% E

In your opinion what is the relative importance of each of the following possible causes of drug abuse.

	Low				High
117. Academic pressure felt by student	18.0% A	20.0% B	34.0% C	20.0% D	8.0% E
118. Curiosity, adventure	12.0% A	16.0% B	22.0% C	32.0% D	18.0% E
119. Rebellion against authority	6.0% A	22.0% B	28.0% C	34.0% D	10.0% E
120. Social pressure	8.0% A	20.0% B	26.0% C	32.0% D	14.0% E
121. Generation gap	14.0% A	30.0% B	30.0% C	18.0% D	8.0% E
122. Search for values	12.0% A	16.0% B	20.0% C	34.0% D	18.0% E